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with the Author's explanation*

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REPORT

ON

THE PROGRESS

OF

PATHOLOGY, PRACTICAL MEDICINE,

AND

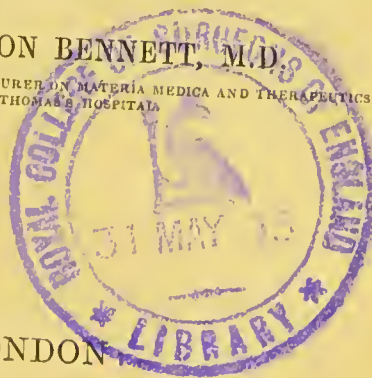
THERAPEUTICS;

FOR THE YEARS 1842-3-4.

BY

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PATHOLOGY, PRACTICAL MEDICINE, AND THERAPEUTICS.

THIS Report is similar in character to those which have already appeared in this Journal. It does not profess to give a complete index to all that has been written on the subject of which it treats, but simply to present a general view of the most important facts and opinions, whether revealing anything new or confirming or refuting what is old. As it is proposed, in a subsequent Report, to furnish an account of the progress of knowledge in the departments of Chemical and Microscopic Pathology, with a few exceptions, no reference has been made to these branches of medical science. Nor has any notice been taken of the important subject of insanity, partly because nothing very new has appeared, with the exception of the results of a more general and extended trial of the non-restraint system of treatment, and partly because any satisfactory notice of the statistical and other reports of the various institutions for the treatment of the insane would have required a larger space than could have been given. And, indeed, the length of period comprised in this Report, from October 1, 1842, to Oct. 1, 1844, has rendered it necessary both to curtail and omit much that might otherwise have demanded notice. The subjects treated of, have been arranged under two divisions. 1, Pathology, and 2, Practical or Clinical Medicine and Therapeutics. In these and the minor divisions, convenience and perspicuity have been considered rather than strict nosological propriety.

PATHOLOGY.

I. GENERAL PATHOLOGY.

I ETIOLOGY.

Malaria, its active principle. Professor Gardner,* of Hampden Sydney College, in an interesting paper on the active principle of Malaria, endeavours to show that sulphuretted hydrogen is the active agent in the production of the fevers of malarious districts, both maritime and inland. His arguments and facts are arranged under the five following propositions: 1st. "Sulphuretted hydrogen gas exists in the stagnant waters and atmospheres of certain marshes." In support of this proposition he adduces the authority of Professor Daniel, who in 1841, found large quantities of the gas in specimens of water sent from several of the African rivers and adjoining seas,—of Mr. Gardner of London, who found it in water from the Bonny and the Lagos,—and that of Dr. Marcet, who detected it in the Yellow Seas. In order to ascertain whether it exists also in inland malarious districts, Dr. Gardner instituted the following experiments. Having carefully cleaned pieces of silver coin by repeatedly boiling them in solutions of caustic potash and alum, he suspended them by silk thread in three small rivers, the Buffalo, Briery, and Appomattox, in the stagnant water of marshes, in small springs, and in the air over rivers and marshes. In marshes and shallow springs the coins became stained in twenty-two hours. In deep rivers it required sometimes a month, and in the air sometimes longer; but in all the experiments the silver was ultimately stained. The next object was to ascertain the causes of the development of the gas. Four conditions he found necessary: decaying vegetable matter, a rich alluvial soil, saturated with *spring water*, (or water

* American Journal of Medical Sciences, April 1843.

which had pereolated the soil,) and the action of the summer heat. Decaying vegetables and alluvial soils contain carbon in excess, and are powerful deoxidising agents. If a sulphate be brought into contact with them, it will be decomposed by the destruction of its acid. Vegetables contain sulphates of lime, soda, potassa, and magnesia. Spring water also usually contains sulphates of lime and magnesia, which Professor Daniel has found are decomposed by decaying leaves. The comparative amount of deleterious gas is determined by the amount of the sulphates, for the requisite changes in which, a certain degree of heat is necessary. Dr. Gardner's 2d *proposition* is, "The character of malarious regions is similar to that of those in which sulphuretted hydrogen is generated." In support of this he adduces the facts recorded by Messrs. Laird and Oldfield in their account of the Niger Expedition and numerous others of the same kind, many of which are very striking and decisive. He, however, admits that "it would be premature to state that in every case where bilious fever has been detected, sulphuretted hydrogen also existed. The catalogue of endemics attributed to this cause includes a host of ailments, from ague to yellow fever, typhus, and plague itself. There is some mistake here, either the exciting cause varies, or the whole of these diseases are not produced by miasma. Some of these complaints are undoubtedly produced by other causes." Again, he says, "in some of the cases adduced in the enumeration of places remarkable for malaria, it is questionable whether the means for generating sulphuretted hydrogen exist." "This is the case in all inland positions where it is uncertain that sulphates are found in the waters of the place." 3d *proposition*. "Certain agents have been supposed to give activity to the exhalations arising from marshes, called malaria." Dew being acknowledged to be the vehicle which conveys it, watery vapour has been regarded as the noxious matter. M. Boussingault has recently advocated the theory that carburetted hydrogen is the active agent. He detected carbon in the dew of marshes, in the department of Ain, and having ascertained that hydrogen existed in the same situations, he concluded that carbon existed as carburetted hydrogen. This gas is undoubtedly produced wherever vegetable matters are undergoing putrefaction; but, remarks Dr. Gardner, "the conditions which increase the unhealthiness of particular localities do not contribute to the increase of this gas. The most dangerous sites are on the sea-coast, and where sea water finds access to marshes. Those circumstances which augment and even produce malaria (as in the Ligurian marshes and those of South Carolina) are in no way concerned in the development of carburetted hydrogen gas." Under the head of his 4th *proposition*, that "The properties of malaria are fully recognized by the profession," he refers to the principal of the best established facts in reference to the outbreak, spreading, arresting, and extinction of malarious diseases: and then gives as his 5th *proposition*, "Sulphuretted hydrogen is the active agent in the production of those forms of malarious fevers met with on the sea-coast, and the diseases belonging to the same class found inland." The sulphur is supposed to exist in malaria as a component of an organic body, containing carbon, hydrogen, sulphur, and water. In a supplementary letter, Dr. Gardner attempts to account for the absence of malaria from certain marshes—viz., those around Boston, (U. S.), and the bogs of Ireland—by supposing that iron, or zinc, or other metals exist in the subsoil, and that these by uniting with the sulphur prevent the development of sulphuretted hydrogen. These views of Dr. Gardner are in opposition to the opinion expressed by Dr. Pritchett,* in his account of the African remittent fever, for he denies the existence of sulphuretted hydrogen in the water of the Niger, and maintains that, "even if it were evolved from the waters of the west coast of Africa, it would not explain the fevers which there prevail. He indeed denies altogether the miasmatic origin of the fever, which he attributes to the ordinary atmospheric influences of hot climates.

* Some Account of the African Remittent Fever, which occurred on board Her Majesty's steamship Wilberforce, &c.; London, 1843.

Dr. McWilliam also* concurs in denying the existence of sulphuretted hydrogen in the waters of the Niger, and in maintaining that what was detected in the specimens previously sent to England originated in the decomposition of the contents of the bottles. Dr. Minzi,† of the Central Hospital of Terracina, with a view to determine whether in the genesis of paludial fevers there was really any special miasmatic principle, collected, by means of an apparatus containing a frigorific mixture, the dew which fell in the vicinities of Rome and Terracina. Of this he and several other persons drank portions varying from 3ij to 3vj without any ill consequence. Wounds on the legs of two peasants were also washed with the dew water without any bad effect. He concludes therefore that the miasmatic principle, if any such exist, does not reside in the dew of malarious districts.

Geological causes of fever. Dr. Heyne, of Madras,‡ in an important paper on the hill fevers of India, ascribes as their principal cause the geological character of the hills among which they occur. Hill fever, he says, invariably exists among certain descriptions of hills, whilst others of a different geological character are as invariably free. Wherever the iron granite, or magnetic iron-stone rocks occur, there will be fever, whilst the hills whose strata are free from ferruginous compounds are equally free from the destructive fever to which Dr. Heyne alludes. The ferruginous granite rocks are remarkable for their disintegration, not only separating in the hot season into large masses of many tons, but crumbling also into their constituent parts, and forming an abundance of sand which is attracted by the magnet, though this is not affected by the rocks in masses. Dr. Heyne therefore attributes the fevers of these hills to the magnetic or electric fluid which seems to exist in the greatest abundance in the iron hornblende, and is disengaged in great quantity in the hot season. The first rain that cools the atmosphere to 74° puts a stop to the discharge of the magnetic or electric principle, and to the further progress of the fever. Epidemic fevers in Madras, he states, are preceded by electrical phenomena.

Contagion. Some very valuable facts and observations on the importation and propagation of plague and other contagious diseases are contained in the extracts from an unpublished work by Dr. Fergusson, Inspector-General of Army Hospitals, which have appeared in the 'Edinburgh Medical and Surgical Journal' for January and July, 1843.

Hereditary transmission of intermittent fever. Dr. Brunzlow,§ of Magdeburg, relates the following as an instance of the hereditary transmission of ague. A woman, aged 34, was seized in the second month of pregnancy with tertian ague, which after several weeks was cured by bark. It returned with the quartan type, and lasted to the seventh month, returned a second time in the eighth month, and was not finally cured till in the course of the ninth month. She gave birth to a thin, feeble child, which when some months old, she observed, was still thin and weakly, cried, shook, and had much heat every fourth night. It was cured by frictions of quinine and lard to the epigastrium and in the axillæ and the internal use of quinine. Three attacks only occurred after this treatment was commenced, and the child afterwards became robust.

Measles, transmission by inoculation. Dr. M. Von Katona,|| in a very malignant and wide-spread epidemic of measles in the winter of 1841, inoculated 1122 persons, with a drop of fluid from a vesicle, or with a drop of the tears of a patient with measles. It failed in seven per cent. of those on whom it was tried; but in all the rest the disease was produced in a very mild form, and not one of them died. At first a red areola formed round the puncture, but this soon disappeared; on the 7th day fever set in, with the usual prodromi of measles; on the 9th or 10th, the eruption appeared; on the 14th, desquamation commenced, with decrease of the fever and the eruption; and by the 17th, the patients were almost always perfectly well.

* Medical History of the Expedition to the Niger, &c.; London, 1843.

† *Bulletino delle Scienze Mediche*, Nov. and Dec. 1843, p. 380.

‡ *Provincial Medical and Surgical Journal*, Sept. 3, 1842; from *Madras Medical Journal*.

§ *Bullet. gén. de Thérap.*, 15 and 30 Nov. 1842, p. 380. || *Oesterr. Med. Wochensch.* July 16, 1842.

Ætiology of diseases of the heart. Dr. Flögel* thinks that among the determining causes of cardiac disease, immoderate, long continued, or even only momentary bodily efforts, especially of the muscles of respiration, of such kinds as interfere with the free performance of respiration, have not received the attention their importance deserves. He gives five cases in which the patients referred their cardiac symptoms to muscular efforts, and insists on the importance of these facts in reference to prophylaxis.

Hemorrhage, meteorology of. In a paper having this title, Dr. Joslin† proposes to examine among the various causes whose combined influence determines the time when a spontaneous hemorrhage shall occur, whether the condition of the atmosphere has an influence so great as to be discoverable by a careful comparison of medical and meteorological observations. The examination was restricted to cases of hæmoptysis and uterine hemorrhage, occurring in his own practice, in three consecutive years, and those cases only were selected in which the exact hour and day of attack were known.

1. Season and temperature. The greater number of cases occurred in June and September, hæmoptysis taking the lead in the former, and uterine hemorrhage in the latter month. Neither the extreme of heat nor of cold appeared to be among the most influential causes. But by examining the dew point and the difference between it and the temperature, some depression of temperature seemed to be a usual concomitant of hemorrhage. The average depression of the thermometer below the monthly mean was 38, but the fall was greater for hæmoptysis.

2. Hygrometric condition. There did not appear to be any relation between the hygrometric condition and the occurrence of hemorrhage, except in so far as that change of temperature (which is attended by a corresponding diminution of vapour) entails an alteration of hygrometric state.

3. Barometrical condition. The barometric results were more remarkable than the hygrometric or thermometric, and in many respects opposed to generally received opinions. During the 24 hours preceding the attack, the instances in which the barometer was rising were nearly equal to those in which it was falling. This correspondence applied to both sets of cases. Before the uterine hemorrhage the barometer rose 13 times, and fell 14, and the same occurred before hæmoptysis. There was, therefore, a slight tendency to depression, but not such as to justify any general conclusion. The case was different for the days of attack: on these the barometer was generally falling, and in a greater proportion of cases than could be with any probability attributed to accident. Out of 54 cases, it was in 34 falling, at the time of attack, in 18 rising, and in 1 stationary. The proportion of cases in which the barometer fell was almost exactly the same for both classes of hemorrhages; being 17 to 9 for the uterine, and 18 to 9 for the pulmonary. But that this influence of diminished atmospheric pressure was not mechanical, seems proved by the fact that the effect was not at a maximum when the pressure was at a minimum, and the blood-vessels thus in an unusual degree deprived of support; for the barometer, though generally falling, was not *low*, but on an average about one third of one tenth of an inch *above* the mean height for the year. The conclusion from all the barometrical facts was, that at the commencement of the attack of hæmoptysis, or uterine hemorrhage, the barometer is *generally falling*, and from some points *above* the mean.

4. Storms. The observations made on the relations of storms of rain or snow to the occurrence of hemorrhage tend to the conclusion that the atmospheric condition *preceding a storm* is more conducive to hemorrhage than that which succeeds one. This conclusion is confirmed by comparing the three days which precede, with the three which immediately succeed. The proportion of the former

* Oesterreich. Med. Wochenschr. July 15, 1843. Zur Aetiologie der Herzkrankheiten von Dr. Jos. Flögel.

† Amer. Journal of Medical Sciences, "On the Meteorology of Hemorrhage," by B. F. Joslin, M.D.: New York.

which were stormy, was for both kinds of hemorrhage collectively only, thirty-six and a half per cent., that of the latter fifty-one and a half.

On reviewing all the meteorological circumstances, the mean results, whether barometrical, thermometrical, or hygrometrical, all conspire to point to a time of transition from a fair and *dry* to a more foul and *stormy* period, or at least to a time characterized by great electrical changes, and especially to the development of much free electricity in the upper regions of the atmosphere, by the precipitation, and even crystallization of aqueous vapour.

Cretinism, causes of. Dr. Roesch* having been ordered by the government of Würtemberg to inquire into the causes of cretinism, examined 3000 cretins in different localities where the disease was endemic. The following are the more important of the conclusions at which he arrived. 1. Cretinism is sometimes sporadic, but in certain localities is endemic. 2. It is hereditary, with the ordinary laws and exceptions to which hereditary diseases are subject. 3. The conditions for its development are hereditary predisposition, and the action of certain influences on the parents (such as want, deficient food, unwholesome habitations, excessive labour, and debauchery,) and accidental causes acting on the child, during the period of its physical and intellectual development. 4. These accidental causes are certain atmospheric and geological conditions peculiar to certain localities. Impregnation of the water with gypsum, or lime, or melted snow, appeared to Dr. Roesch to exert no evident influence, for he met with cretins, where the water was quite pure. But humidity of the air, he thought, played an important part. Cretinism is never endemic in plains, or on elevated "plateaux," whilst it is found in valleys and "bas fonds" abounding in moisture. It does not exist in cold countries where sudden variations of temperature are rare. All the localities in which it is endemic agree in being humid, foggy, and exposed to sudden changes of temperature, often very hot in the middle of the day, and cool or even cold in the morning and evening. Goitre constantly accompanies cretinism, is indicative of it, and is developed under the same conditions. These views of Dr. Roesch correspond exactly with those of M. Marchand, published in his inaugural thesis of 1842.†

Defective expansion of the lungs as a cause of disease. In the Gulstonian Lectures for 1844,‡ Dr. Barlow, in a very philosophic spirit, elucidates some of the consequences ensuing from defective expansion of the lungs in early youth, and refers more particularly to four classes of cases in which pulmonary obstruction is associated with hypertrophy and dilatation of the right heart, pointing out the effects on the liver and the venous circulation generally, and the subsequent occurrence of anasarca. In the first class of cases to which reference is made, the obstruction to the circulation, in the right side of the heart, is produced simply by defective expansion of the lungs and air-passages, at the period of life when the thoracic organs undergo that development which alters their previously existing relation to the abdominal organs.

He gives, in illustration, the case of a girl, who, when aged 12, suffered from dyspnea, palpitation, enlarged liver, ascites, and anasarca, which, after being relieved from time to time, ultimately proved fatal at the age of 15. The chest was narrow and ill developed, the mammae and genitals were infantile, the liver much enlarged and myristicated—enormous dilatation of the right auricle and ventricle with some hypertrophy—pulmonary artery *small*—valves healthy—right auriculo-ventricular opening enlarged. The left auricle and ventricle were dilated, but much less so—lungs compressed and exsanguine, but structurally healthy—trachea small, and bronchi compressed. All these consequences are referred simply to defective expansion of the lungs, and consequent increased action of the right heart to overcome the impediment to the discharge of its contents.

* Gazette Med. de Strasbourg, Nov. 1842; and Bullet. Génér. de Thérapeutique, 15 et 30 Dec. 1842.

† See also Beobachtungen u. Bemerkungen über den in Oesterreich häufig vorkom. Cretinismus. Von Dr. Schausberger, in Oesterreich. Med. Wochens. 29 Oct. 1842.

‡ Medical Gazette, vol. i, 1843-4, pp. 705-53-85.

In a second class of cases similar results ensue from defective expansion of the lungs, arising from mechanical pressure exerted on them or the air-passages, e.g. in deformity of the spine or chest, or pleurisy and consequent adhesions; unless the opposite lung take on a compensating action, when, in consequence of its increased activity, there is great danger of tubercular deposition. His third class includes a set of cases the true nature of which he thinks has hitherto escaped the notice of pathologists, in which the obstruction to the circulation on the right side of the heart is the result of *pericarditis acting mediately through the impediments which it offers to the respiratory movements*. The state of respiration so characteristic of pericarditis cannot, he argues, continue long in a person whose growth is not yet completed, without offering great obstruction to the development of the lungs, and thus inducing important changes in the right side of the heart, and the evils thence resulting. The consequences of pericarditis are thus very different in the adult, from those ensuing in a person whose frame is not yet fully developed. Dr. Barlow denies that hypertrophy of the heart is a necessary consequence of pericardial adhesion, and adduces a remarkable case illustrative of this, in which a complete ring of ossific matter (deposited in the false membrane, forming the medium of adhesion between the two surfaces of the pericardium), surrounded the base of the heart. The man had been the subject of rheumatic pericarditis two years before. The heart itself was not larger than natural. The true cause of hypertrophy and dilatation, with pericardial adhesions, is the impediment to the circulation through the lungs, and not impeded action of the heart from its being shackled by the pericardial adhesions. In connexion with this subject, he also alludes to the arrest of the heart's growth and inability to carry on the circulation from this cause, as an occasional consequence of pericarditis in young people, and cites a remarkable case of atrophy of the heart.

In the fourth set of cases the defective expansion of the lungs is the consequence of obstruction in the left heart with narrowing of the mitral orifice.

Contagious cells, Inoculation by means of. Dr. Klencke* in the 'Arch. für die gesammte Med.' states that he has succeeded in communicating to healthy animals—carcinoma, tubercle, melanosis, condylomata, warts, ozæna, and coryza—charbon (malignant pustule), and hydrophobia—by inoculating with the cells of these several diseases, and mentions as important practical facts, that the cells of recent coryza are readily destroyed by the action of chloride of lime, but if the disease becomes chronic, the cells disappear and are replaced by the eonfervæ of ozæna. The cells of charbon are so contagious that it is dangerous to inoculate with them; after having subjected them to boiling water, and kept them in lime for fifteen days, he was able to inoculate a small goat. The cells were obtained from a yellow fluid that trickled from the pustule. He has met with the hydrophobic cells in the excised cicatrix of a bite which had given reason to fear hydrophobia, and in the foam from the mucous membrane of the cheek and the salivary glands. These cells are dissolved or rendered inert by boiling water, the mineral acids and chlorine water.

The lymph of variola, and the acute exanthemata is inoculable in proportion as it abounds in contagious cells.

[These statements are corroborated by some facts recorded by previous writers, Gooch, Mayo, and Langenbeck.]

Phthisis, Influence of employment on. From an elaborate and valuable paper by Dr. Guy† on the influence of employment in the production of phthisis, the most important conclusions to be drawn are,—that the ratio of cases of pulmonary phthisis to those of all other diseases is highest, both in the male and female sex, among those following in-door employments, and in the case of men, varies inversely with the amount of exertion, being highest where there is least exertion. Neither a constrained posture, nor exposure to a high temperature, nor a moist atmosphere, appears to have any marked influence in inducing con-

sumption. The ratio of pulmonary phthisis to all other diseases is highest among men exposed to the inhalation of dust, and high among the intemperate. The age at which the disease occurs is early in proportion as the occupation is such as to present a high ratio of cases. The practical inference deducible from these observations is, that the predisposed to phthisis should choose outdoor occupations, and among in-door employments, those entailing most exercise, and that they of all others should avoid intemperance and the inhalation of dust. Dr. Jackson,* however, in his analysis of 604 dissections of persons dying of all diseases, in the course of ten years, in Boston, (U. S.) says that intemperance certainly does not appear to develop phthisis, and that of 35 drunkards, 26 presented no trace of tubercle.

Calculus diseases. Dr. J. Jackson, of Calcutta,† in a letter to Mr. Crosse, of Norwich, states that the assertion that calculus diseases do not exist in tropical climates is far from the truth, for that in the midland provinces and in upper India there are few districts where these diseases are not prevalent among the lower classes, who are badly fed, and live on an unlevined bread, similar to the Norfolk dumpling. Few cases, however, are met with among the aged.

Scrofula. M. Lugol's treatise on the Causes of Scrofula‡ can scarcely be said to be correctly designated, inasmuch as he appears to consider hereditary predisposition as the sole cause, all others merely influencing its development, form, frequency, and mortality. A full abstract of this work will be found in a previous Number of this Journal.

Acute rheumatism. A somewhat dubious case of the transmission of acute rheumatism by a mother to her child, by suckling, is recorded by Dr. Gottfried Crusiz.§

Fear, its influence on public health. Dr. Zimmerman|| has given a very interesting account of the influence exerted on the public health by the great fire at Hamburgh in 1842. He notices particularly the fact that many bedridden invalids rose and displayed supernatural force and energy, some of whom remained permanently cured. Diarrhœa, mania, and apoplexy were the principal diseases observed. There were 43 deaths, and 120 wounded. The monthly mortality was, however, below the average.

Climate, meteorology, &c. Numerous treatises have appeared on the influence of climate, &c. on the production and spread of disease, and the mortality attending it. Among others the following may be mentioned as containing much valuable information. Mr. Noble's** essay on the Influence of Manufactures upon Public Health; the Reports of Mr. Chadwick†† and the Registrar-General,‡‡ and of the Commissioners appointed to take the census of Ireland in 1841;§§ the treatise of M. Melier on the Influence of the Price of Provisions on general Disease and Mortality;||| that of Dr. Guy, on the Influence of the Seasons and weather on Sickness and Mortality;*** Dr. Forry's treatise on Meteorology, &c.,††† and his analysis of the American army reports;‡‡‡ Dr. Foltz's essay on the Diseases

* New England Quarterly Journal of Medicine and Surgery, July, 1842.

† Provincial Medical and Surgical Journal, May 22, 1844.

‡ Recherches et Observations sur les Causes des Maladies Scrofuleuses, par J. G. A. Lugol; Paris, 1844.

§ Oesterreich. Med. Wochens. 15 Oct. 1842.

|| Oppenheim's Zeitschrift, Dec. 1843, p. 457.

** Facts and Observations, &c., by Daniel Noble; London, 8vo, pp. 88.

†† Report on the Sanitary Condition of the Labouring Population of Great Britain, &c., by Edwin Chadwick, Esq.; London, 1843, pp. 280.

‡‡ Fourth and Fifth Annual Reports of the Registrar-general.

§§ Report of the Commissioners appointed to take the census of Ireland for the year 1841; Dublin, 1843, folio: containing Mr. Wilde's 'Report on the Tables of Death,' founded on the mortality of Ireland for the ten years ending 6th June, 1841, amounting to about 1,187,374 persons.

||| Etudes sur les Substances envisagées dans leurs rapports avec les Maladies et la Mortalité. Par M. Melier, in Mém. de l'Académie Roy. de Méd., t. x.

*** Quarterly Journal of the Statistical Society, on the influence of the seasons and weather on sickness and mortality, by Dr. Guy; and Medical Gazette, vol. xxxli.

†† Meteorology, &c. by Samuel Forry, M.D. 1843.

‡‡‡ The Climate of the United States, and its endemic influences; based chiefly on the records of the Medical Department and Adjutant-general's office. By Samuel Forry, M.D. New York. Langley, 1842. 8vo, pp. 330.

&c. of Minorca;* and that of Mr. Power, on the climate of Van Diemen's Land.

2. GENERAL DOCTRINES OF DISEASE.

Systematic treatises on general pathology. Dr. Schultz† has issued the first part of a systematic treatise on general pathology, founded chiefly on his own microscopic investigations in anatomy and physiology, and the peculiar views to which these have led him. An exposition of these views has already been given in this Journal,§ from which some notion may be gathered of the pathological doctrines propounded in the present treatise, which may be considered as a systematic attempt to apply to pathology the various important revelations of recent microscopic anatomico-physiological researches. The character of the work, however, precludes any abstract of it being given in a Report like the present. Dr. C. J. B. Williams's Principles of Medicine|| will be found to contain an exceedingly valuable exposition of the general principles, not only of pathology, but also of general therapeutics. The work is alike conceived and executed in a far more philosophical spirit than anything which has issued from the British press for many years, with the exception, perhaps, of the invaluable Outlines of Professor Alison; from the latter, however, the principles of Dr. Williams differ, in containing as an appendix to each section, the general principles of therapeutics, which are also discussed throughout the work in immediate connexion with the pathological doctrines whence they are deduced. Viewing disease as consisting in changes of function, or structure, generally of a more or less compound character, involving several elementary functions, or structures, he proceeds, as the anatomist or physiologist would do, to analyse and separate these derangements of structure and function, into their constituent parts, before contemplating them in combination. He treats, therefore, of general pathology by the synthetic method, commencing with the *primary* elements of function in its diseased state—viz. irritability, tonicity, sensibility, voluntary power, secretion, &c. Having considered the morbid changes in the vital properties of the elementary solids, he examines the morbid changes of the blood, and then passes to the consideration of the secondary or *proximate* elements of disease, consisting of two or more primary elements, commencing with those which relate to the circulation of the blood—anæmia, hyperæmia, inflammation, and its results. Structural diseases, or those of nutrition, are then discussed, and the chief forms of alteration in the nutritive processes traced, in which these diseases originate. The concluding chapters are devoted to nosology, semeiology, diagnosis, &c.

Periodicity of disease. Dr. Laycock adopts the term *proleptics* (from *προλαμβάνω*, anticipate,) to designate the science of the laws of recurrence of phenomena, and has given his views of those laws in several "contributions to vital proleptics," in which he endeavours to exhibit the laws of vital periodicity, illustrating them by pathological phenomena, and showing how they may be applied to medicine. The causes of vital periodic movements he considers to be either esoteric, or exoteric. Schweig's†† researches on the same subject are intended to illustrate the periodic movements exhibited in the excretion of uric acid, in the uterine functions, in the number of deaths from various diseases, and in the recurrence of epileptic attacks. He terms the periods within which the changes which the body is continually undergoing in its composition take place, "tropical periods,"

* The Endemic Influence of Evil Government, Illustrated in a view of the climate, topography, and diseases of the island of Minorca, &c. By J. M. Foltz, M.D. Surgeon in the United States Navy.

† Observations on the Climate of Van Diemen's Land, by W. J. Power.

‡ Lehrbuch des allgemein. Krankheitslehre, von Dr. C. H. Schultz, 1ter Thiel; Berlin, 1844.

§ July, 1843.

|| Principles of Medicine, comprising General Pathology and Therapeutics, by C. J. B. Williams, M.D.; London, 1843.

** Lancet, 1842-3-4.

†† Untersuchungen über periodischen Vorgänge, &c. von G. Schweig; Carlsruhe, 1843.

(τροφή, *nutrio*.) and adopts the quantity of uric acid excreted, as the exponent of the intensity of those changes. Instructions for the observation of periodie phenomena, and for obtaining uniformity of data have been published by Quetelet* and Schwann.† M. Melier‡ directs attention to the importance of recognising certain forms of disease in which he maintains the phenomena are intermittent; but with short intervals, and instances certain convulsive affections of infants, some cases of eclampsia, uterine pains, hemorrhages, and fluxes, in which the phenomena of intermittence may be observed, and which cede to the influence of bark. M. Duparcque§ also confirms the observations of Melier, and cites similar cases in support of these views. He relates among others a case in which paroxysms resembling those of ague occurred four times in the twenty-four hours, with almost perfect intermissions, and which were cured by sulphate of quinine—two cases of convulsions in infants—and hiccup in old people. He suggests that certain mental affections belong to this category, and gives a case of acute intermittent delirium, with short intervals, cured by quinine.

Antagonism of disease,—phthisis and ague. Numerous and warm discussions have taken place in the Royal Academy of Medicine, and other scientific societies of France, on a statement made with considerable confidence, by M. Boudin, in his 'Géographie Médicale,' to the effect that a real antagonism exists between phthisis and ague, so that in any district where the one is a frequent disease, the other is rare. To this opinion he had been led by his observations on the diseases and medical topography of Algiers, where, he says, the "rarity of phthisis is not to be considered as a general fact, but as true only with reference to the marshy part of the coast where intermittents and other diseases from malaria prevailed;" hence he infers that the phthisical and those disposed to phthisis should reside where the temperature is mild or warm, and the soil marshy, though not otherwise very unhealthy. In support of his opinion he cites Hyères, long known to be favorable to the phthisical, though liable to malarious diseases,—Pisa, Plaisance, Parma, and Rome. He refers also to the statement of Hennen, with reference to the rarity of phthisis and frequency of intermittent diseases in the British isles of the Mediterranean, and to numerous other writers whose evidence is to the same effect. M. Boudet, when on the point of proceeding to Algeria, was requested by the French Academy to endeavour "To determine whether phthisis is a rare disease in Algeria, and whether it is true that it is much more rare in the marshy districts than in other localities."|| This subject of inquiry the academy recommended in consequence of the above statements of M. Boudin and those of M. Casimir Broussais, who, in a previous memoir, read to the Academy, asserted that he had ascertained from the official army reports, that the proportion of deaths from phthisis in Algeria, to those from other diseases, was 1:102, while in the army in France the proportion is 1:5. The reporters on this memoir, however, with much reason, doubt whether this rarity of phthisis, as stated by Broussais, is not more apparent than real, and may not be explained by the great mortality of the army from other causes. From various sources, a mass of evidence has been collected, with a view to determine the truth of Boudin's theory, in favour of which may be cited the evidence of M. Nepple of Lyons,** who states that the rarity of phthisis in marshy districts, "has always appeared to him in direct relation to the elements of 'impaludation,' and to diminish with them. "So that if in the districts situated in the centre of a swampy country we do not meet with a single case of indigenous phthisis, we find that the number of cases increases in proportion as we recede from that district. Hence, at a certain point we find tubercles and ague associated; but, then the febrile endemic is slight." The evidence of Paeord, of Bourg (en Bresse) and of others is to the same effect.††

* Bulletin de l'Acad. Roy. de Bruxelles, No. 1, t. ix.

† Idem, Nos. i and vii, t. ix.

‡ Bulletin de l'Acad. Roy. de Méd., 15 Mai, 1843. Rapport by F. Dubois, &c.

§ Gaz. Méd. de Paris, 24 Dec. 1842.

|| Bullet. de l'Acad. Roy. de Méd, No. xvii, 15 Mai, 1843.

** Gazette des Hôpitaux, Sept. 2, 1843.

†† Idem, loc. cit.

But the evidence adduced by other observers is directly opposed to the theory of Boudin; and the results of Dr. Genest's examination of the reports of Major Tulloch and Mr. Wilson on the sickness and mortality of the British army at home and abroad seem decisive against the theory, as will appear from the following table, showing the relative number of cases of phthisis and intermittent fevers admitted into hospital.*

	Intermittent Fever.				Phthisis.	
United Kingdom	2	per 1000	.	.	6.5	per 1000
Gibraltar	5	"	.	.	5.6	"
Malta	7.5	"	.	.	6.	"
Ionian Isles	132	"	.	.	5.	"
Canada	78	"	.	.	5.6	"
Nova Scotia	0.8	"	.	.	7.	"
Bermudas	2.5	"	.	.	8.8	"
Western America	250	"	.	.	9.5	"
Jamaica	85	"	.	.	13.	"†

Purulent infection, Theory of. M. Sedillot,‡ after pointing out the insufficiency of the various theories advanced to explain the phenomena of purulent infection or metastatic abscesses, endeavours to show that as long as pus is of the healthy kind, it exerts no toxical influence on the economy, and proceeds to inquire what are the alterations of quality necessary, to give rise to visceral abscesses and adynamic fever. Changes from simple exposure to the air are not sufficient, but it is not necessary that the pus should be sanious or fetid. The principal causes of the phenomena of purulent infection he believes to be the gangrenous or ulcerative liquefaction (*fonte ulcéreuse*) of parts in a state of ulceration, a condition which he has always found to exist, and which is occasioned by the pressure of pus on the surrounding tissues and their consequent death from strangulation, which precedes the absorption of their detritus. Dr. Budd's valuable lectures on suppuration of the liver contain many important facts bearing on the same subject.§ He arranges the causes of suppurative inflammation of the liver under three heads: 1st, mechanical violence; 2d, suppurative inflammation of veins—the common cause of disseminated abscess after operation; 3d, ulceration of the intestines, stomach, and gall-bladder, but especially of the large intestine. This he considers the most frequent cause, and adverts to the connexion between dysentery and abscess of the liver as having been long known, but which he thinks more frequent than has been supposed. In thirty-four of fifty-nine cases which he cites, this connexion existed; the same proportion existed in twenty-nine cases given by Annesley; and in fifteen from Louis and Andral. It is chiefly in connexion with the sloughing ulceration of acute dysentery and chronic ulcers that hepatic abscess is seen. A close analogy, Dr. Budd thinks, exists between disseminated abscesses and disseminated masses of cancer, from the absorption of cancer-cells. The experiments of Mr. Betts|| [analogous to those of Dance and Cruveilhier,] are confirmatory of Dr. Budd's views, showing that the injection of mercury and pus by the blood-vessels will produce inflammation and abscess of the tissues and organs, supplied by the capillaries in which these vessels terminate. Pus injected into the mesenteric vein induced abscess of the liver, and when injected into the crural or other systemic veins, abscess of the lungs. Pus-globules and cancer-cells, Mr. Betts states, he has ascertained by admeasurement to be too large to pass the capillaries, where consequently they are arrested and give rise to irritation.

Tubercle. The conclusion to which Mr. Addison's researches on tubercle** have led him is "that all secretions take place in the interior of granulated vesicles

* Gazette Médicale, Sept. 9, 1843.

† Vide also Gazette Méd. de Paris, July 1, 1843. Idem, Aug. 5. Gaz. des Hôpitaux, Nov. 9, 1843. Idem, Aug. 31; and Bulletin de l'Acad. Roy. de Med. Séance, Aug. 29, 1843.

‡ Annales de la Chirurgie, Franc. et Etrangère, t. vii, p. 129.

§ Gulstonian Lectures, by Geo. Budd, M.D.; Med. Gazette, vol. i, 1843, pp. 1, 33, and 65.

|| Medical Gazette, vol. i, 1843-4, p. 312.

** Researches on the Nature of Tubercle, Med. Gazette, Nov. 11, 1842.

or cells, not by transudation from one tube (a blood-vessel,) into another, (a duct,) and consequently that "tubercles" in the lungs, "tubercular infiltrations," "hepatization," and "pus" are not secreted products, but simply the elements of the blood effused by an excessive "vital turgescence," (or inflammatory action,) having their peculiar characters determined by the texture and function of the structures, and the amount of activity of the turgescence. As far as can be determined by the microscope, the substance effused in pneumonia differs not from tubercular matter. Dr. Lebert, however, maintains* that gray granulations (which he says are tubercular) and tubercles, are proved by the microscope to be no product of inflammation. The constant microscopical elements of tubercle are molecular granules, an inter-globular hyaline substance, and certain corpuscles or globules peculiar to this abnormal product. Neither is tubercle merely a modification of pus. Tubercles of the lung are usually seated in the intervascular cellular tissue, but occasionally in the cells and the minute bronchi. The views of Dr. Schultze† appear in the main to coincide with those of Lebert. He contends against the views of Gluge, Vogel, and others, and says that cells are not essential to tubercle, but occur only in its latter stages, and indicate in fact the formation of pus-globules. M. Briquet‡ relates three cases of tubercular disease, in support of the following propositions. 1. That there are cases in which the tubercular or cancerous diathesis is primary, and in which these heterologous productions are developed on the surface of serous membranes, without having previously existed in the principal viscera. [The two cases which he adduces in support of this proposition which is opposed to the law laid down by Louis, would scarcely be considered satisfactory by that distinguished pathologist, inasmuch as some tubercles in both cases existed in the lungs. But more decisive cases might easily be adduced, for the exceptions to the law of Louis are certainly numerous. Some will be alluded to in the second division of this Report under the head of strumous peritonitis.] M. Requin§ communicated to the Société Méd. de Paris, the case of a young man æt. 17, who died from extensive tubercular disease of the mesenteric glands, the lungs presenting no trace of tubercle. Briquet's third case is an example of extensive encephaloid disease of the peritoneum attended by inflammation of that membrane, and of the pleura, without any disease of the viscera. His 2d proposition is, that inflammation of the serous membranes, gives rise to the exudation of a matter which passes immediately and without transformation, to the state of tubercle or encephaloid granulations. The situation of the deposits, and their connexion with other indications of inflammation, are the chief arguments he adduces in support of this proposition. 3d. The dropsy which ordinarily accompanies inflammation of serous membranes, that is productive of heterologous matters, may be diagnosticated by the peculiarity of its symptoms and progress. [The evidence advanced in support of this proposition, is only sufficient to establish the distinction between general dropsy from visceral disease or venous obstruction, and that which depends on the accumulation of fluid from chronic inflammation.]

M. Rayer|| who has, for many years, been engaged in the study of comparative pathology, has given, in the following among other propositions, the results of his inquiries on tubercular phthisis. 1. In man and other mammifera, the matter of tubercle may be readily distinguished from recent pus by the absence of granular globules. In birds, the characters of tubercular matter are less marked; foreign bodies introduced into the lungs or flesh, do not give rise to the exudation of a white opaque fluid containing granular globules, but to a dry yellowish matter destitute of globules, the physical characters of which, approach to those of tubercles in the mammalia. In reptiles, fishes, and insects, the characters of tubercle are still less distinct. 2. Pus in the mammifera, es-

* Comptes Rendus, No. x, 1844.

† Lehrbuch, &c.

‡ Archives Gén. de Méd. Oct. 1842.

§ Revue Méd. Sept. 1842

|| Journal des Connaissances, Médico-Chirurg. Aug. 1, 1842.

pecially in the horse, after long residence in the organs of the body, undergoes a series of transformations, in consequence of which, it sometimes acquires the appearance of tubercular matter. 3. In man and animals the central softening of tubercles never presents pus-globules, and cannot be ascribed to inflammation; the peripheral softening on the contrary, is generally produced by inflammation of the contiguous textures, and is almost always mixed with pus-globules. 4. The cretaceous or calcareous concretions, (principally composed of carbonate and phosphate of lime with animal matter,) observed in the lungs of both man and animals, must not be considered, as they generally have been, as the last modifications of tubercle, for they are often in man, and very often in the horse, the residue of a small deposit of pus. 5. In many animals granulations are developed in the lungs, which are due to worms or glanders, and which may be mistaken for tubercles. 6. Phthisis attains its maximum frequency, in the quadrumana and birds brought from warm climates, and is likewise favoured by the change in climate and food of animals coming from cold climes, as in the rein-deer. 7. Phthisis is rare in the domesticated solipeda, and still more so in the carnivora, but many of the latter are attacked. 8. The domestic dog among the carnivora, and the horse among solipeda, are much less liable to tubercle than to cancer, a disease that had been thought by Camper to be alien to these animals. 9. Among the ruminantia, especially in the genus ox, phthisis is often associated with vesicular entozoa, (especially the *ecchinococcus*;) but there is no relation of transformation or succession between the hydatids and tubercles. 10. Fatty degeneration of the liver is ordinarily an indication of phthisis in man, and of obesity in birds. 11. Although the frequency of pneumonia and rarity of phthisis in the domestic dog seems to show that these diseases are independent of each other in their occurrence, nevertheless in the calf, milch-cow, and ass, the deposits of tubercular matter almost always coincide with a chronic progressive pneumonia. 12. Ulcers of the larynx, trachea, and bronchi have not the same import in all animals as in man; in the quadrumana they almost always indicate a general tubercular affection; in the solipeda almost always glanders. 13. In pneumo-thorax, growths of vegetable fungi may be found on the diseased pleura of phthisical persons, in the same way as they are sometimes found in the air-sacs of birds, but in all cases the development of these fungi is a secondary phenomenon.

Tubercles in the bones. M. Parise* describes the appearances presented in a patient in whom tubercles were found in the lungs, spleen, cellular tissue, and the spinal canal, and in the substance of the vertebræ and sacrum. In the latter situations were seen, 1st, an isolated tubercle surrounded by a vascular membrane, and inclosed in an osseous cell, the surrounding cells being healthy: 2, gray semitransparent matter infiltrated in the bony tissue: 3d, purulent infiltration and necrosis. The author concludes that necrosis is the result of distension of the osseous cells from the infiltration of the yellow tubercular matter.

Carcinoma. Dr. Hodgkin,† in pursuance of his former investigations, has endeavoured to connect the nucleated carcinomatous cells of Müller, with the production of those compound cysts, which Dr. Hodgkin had formerly described and pointed out, as the type of the carcinomatous group of adventitious structures. Microscopic investigations have confirmed his views, and demonstrated the application to them of the nucleated cell-theory; whilst these investigations are fatal to the theory of cancerous matter being formed in the blood, and eliminated at the spot where the tumours appear. An additional argument is thus afforded in favour of operations, and the importance of removing every cyst rendered more manifest.

Nervous diseases, Theory of. Dr. Wilson has advanced an hypothesis‡ with reference to various diseases affecting the muscular system, and usually termed

* Archives Gén. de Médecine, 1843, p. 208.

+ Medical Gazette, June 24, 1843.

† On Spasm, Languor, Palsy, &c. &c. by James A. Wilson, M.D.; London, 1843.

nervous, which induces him to consider general spasmodic as well as paralytic disorders, in the greater number of cases, to be induced by the direct morbid influence of certain agents circulating in the blood, upon the muscular fibre, rather than upon the nervous system.

II. SPECIAL PATHOLOGY.

I. DISEASES OF THE DIGESTIVE SYSTEM.—*Œsophagus*. An example of greatly dilated œsophagus is recorded by Professor Huss, of Stockholm.* A lady, æt. 43, had for many years regurgitated her food (often six or twelve hours after taking it) unaltered, and been the subject of hysteric spasms. After death, dilatation of the œsophagus was observed, commencing one inch below the pharynx, and gradually increasing till, at the cardia, it formed a large sac lying to the left of the stomach, which was small, but there was no obstruction at the cardia, nor any structural alteration of the œsophagus, except considerable thinning. Dr. Huss attributes the dilatation to the hysterical spasms. —A case of cancer of the œsophagus opening into the right lung, is recorded by Dr. Jackson.†

Stomach, perforating ulcer of. Mr. Crisp‡ has related 5 cases of perforation of the stomach, and collected 46 others from different sources; and from a survey of the whole draws the following conclusions. Of 51 cases, 12 were males and 39 females, and the ages of the latter as follows.

Between 15 and 20	.	.	.	21
„ 20 and 25	.	.	.	10
„ 25 and 30	.	.	.	5
„ 40	.	.	.	1
„ 50	.	.	.	1
„ 60	.	.	.	1

Most, if not all, of the females were unmarried, and in 13 the menses were irregular. Perforation from simple ulcer, he states, rarely, if ever, occurs before puberty in females, seldom after the cessation of the menses, and almost invariably in the unmarried. A chlorotic condition of system, he thinks, is the predisposing cause. In the majority of cases the opening was situated in the smaller curvature, and generally midway between the pyloric and cardiac orifices; in one instance only, it was close to the pylorus; in nine, two ulcers were present on opposite surfaces of the stomach, so that when collapsed the diseased parts were in contact. Seven cases are also detailed by Dr. A. Lefèvre,§ who has succeeded, on the dead body, in rupturing the stomach by excessive inflation, and states that the openings thus made are of various forms, some *perfectly round*. He believes many of the instances of sudden perforation are caused by the ingestion of indigestible food, and the generation of gas; that the stomach is thus paralysed, and unable either to pass its contents, or expel them by vomiting; that the acrid mass being retained softens the stomach, and thus further disposes to perforation. In a case detailed by Dr. Morici,|| the patient, a male, who was recovering from intermittent fever, and had had no previous gastric symptoms, died suddenly on leaving the water-closet. The stomach was found torn along the middle of its anterior surface to the extent of three fingers' breadth. The only other morbid appearance being a little thickening of the mucous membrane along the edges of the aperture.

Ileum, perforation of, from without. A rare case of perforation of the ileum from ulceration of the peritoneum, consequent on chronic peritonitis, is recorded by Dr. A. M. Adams.** The peritoneum was ulcerated in two places over the commencement of the ileum, and one of these ulcers had perforated

* Gazette Méd. de Paris, Feb. 11, 1843.

† New England Journal of Med. and Surg. Oct. 1842.

‡ Lancet, Aug. 5, 1843.

§ Archives Générale de Méd. Sept.

|| Annali Universali di Medicina, April, 1844. ** London and Edinb. Monthly Journal, Jan. 1844.

the bowel. The corresponding portion of mucous membrane was perfectly healthy.

Cæcum. Perforation of the appendix vermiformis. Numerous cases of this kind have been recorded; six by M. Valtz, of Carlsruhe,* who, comparing these with fourteen from other sources, attempts to lay down rules for the diagnosis of peritonitis from this cause. He finds the accident to be much more common in males than in females; of 20 cases 17 being males. Two cases are given by Dr. Ernst, of Bonn,† in which hard fecal masses were found in the appendix. In a case recorded by Dr. Peebles,‡ a mulberry calculus of very irregular surface, and nearly an inch in diameter, was found impacted in the appendix. The nucleus consisted of organic matter, and to the surface were attached a number of tomato seeds. The composition of the calculus was not ascertained, but from the history it appears to have been lodged in the appendix for twelve years. Mr. Worthington, of Lowestoff,§ relates a similar case, occurring to a boy, æt. 11, who died after three days' illness with symptoms of acute enteritis. The appendix was perforated near the extremity, and further towards the cæcum an oblong calculus, of a gray colour, and three-quarters of an inch long, was found "so beautifully impacted" that no analysis was made. In Mr. Butler's case (of Winchester),|| the patient, a boy, had suffered from symptoms of gastric and biliary derangement, with fever and pain of the right thigh and groin, increased on pressure, with tenderness of abdomen and constipated bowels, and died from peritoneal inflammation. The appendix cæci was enlarged, thickened, and of a dark colour. In its upper half were two circular perforating ulcers, through which had escaped two small bodies of the size of large peas, of a light brown colour, and nodulated surface, and which corresponded with a third body found in the appendix. The intestinal canal and gall-bladder were free from calculi. On analysis, the calculi were found to consist of inspissated mucus, fatty matter, and a small proportion of oxalate of lime. This analysis corresponds to that in Mr. Wiekham's case (Lond. Med. Journal, vol. 3,) with the exception that in the latter there was a portion of subphosphate of lime. From this it would appear that the calculi are not of biliary origin, but formed within the appendix, the natural secretion of which is acid.**

Gall-bladder enormously distended. Dr. Babington†† has recorded an example of enormously distended gall-bladder, the cyst containing at least three wash-hand basins of fluid.

Colica pictorum. A fatal case of this disease is detailed by Mr. Wreford, of Ottery St. Mary,‡‡ The patient died on the sixth day. The colon was found irregularly contracted, and presented several ecchymosed spots. The appendix cæci was in a state of gangrene.

Spleen. Signor Verga§§ details the case of a woman, æt. 50, who, having three years previously received a blow on the abdomen from the pole of a carriage, became subject to attacks of abdominal pain, with obstruction of the bowels, from which she ultimately died. In the left iliac fossa was found a tumour, presenting the characteristics of the spleen, surrounded and hidden by numerous adhesions. The spleen was wanting in its natural situation, and the splenic artery obliterated towards the middle of its course, where it terminated in a point. Cases of spontaneous bursting of the spleen are recorded by Dr. Allen||| and Dr. Neill,*** and an instructive case of chronic enlargement by Dr. Davis.†††

* Archiv. für die gesam. Med. No. iii, t. iv, 1843.

† American Journal of Med. Sciences, Jan. 1843.

‡ Dublin Medical Press, April 5th, 1843, from Provincial Medical and Surgical Journal.

** Observations on this subject will also be found in the following papers: Durchbohrung des Wurmfortsatzes, von Dr. Mohr, in Casper's Wochensh. No. xlii, 1842, and Mai 20, 1843, and in Hufeland's Journal for March 1843, by Dr. Binger.

†† Prov. Med. and Surg. Journal, July 15, 1843.

||| Oesterrisch. Med. Wochensh. Dec. 17, 1842.

*** American Journal of Medical Sciences, Oct. 1842.

† Schmidt's Jahrbücher, No. iii, 1844, p. 285.

§ Prov. Med. and Surg. Journ., April 8, 1843.

|| Provincial Medical and Surgical Journal.

†† Guy's Hospital Reports, vol. vii.

§§ Gazzetta Medica di Milano.

††† Ibid.

2. DISEASES OF THE CIRCULATORY SYSTEM.—*Heart. Carditis.* A remarkable case of partial carditis, terminating in abscess and fistulous communication with the pericardium, is detailed by M. Gintrac, of Bordeaux.* A man, 68 years of age, had for one year been subject to palpitations, which, after a violent fit of passion, became much more severe, and were attended by orthopnoea and anasarca of the lower extremities. When he entered the hospital the heart's action was violent and irregular, and heard over a large extent of surface, but no preternatural sound could be detected, perhaps owing to the loud sonorous ronehi which accompanied the respiration. The pulse was small and frequent, the skin cold, and the countenance expressive of great anxiety. The pericardium was found surrounded by a thick layer of fat, and contained a turbid reddish fluid, resembling a mixture of pus and bloody serum; the serous membrane was slightly reddened. The heart was large, and its anterior surface covered by a layer of concrete pus; over the left ventricle the serous membrane was opaque and easily detached, and at this spot an oval aperture was seen passing from above downwards. The inferior portion of the cavity of the left ventricle was separated from the upper by a thick unorganized layer passing from one side to the other, and forming a sort of septum, beneath which was a collection of thick purulent fluid of the colour of wine lees, in which were masses of a thick solid substance resembling altered clots of blood. The muscular substance corresponding to this abscess, was soft and of a grayish colour; anteriorly the muscular fibres were infiltrated with pus, and from this point a fistulous canal was traced upwards, and found to communicate with the external aperture already described. The membranous septum separating the inferior from the superior portion of the ventricle, appeared to have completely prevented the blood from mixing with the contents of the abscess, and from escaping by the fistulous opening into the pericardium, notwithstanding the forcible action of the heart.

—Dr. Dubini also gives the following case.† A woman was admitted into hospital after four days' illness, with pyrexia, dyspnoea, weight in the precordial region, double bruit, rough and superficial, extending along the course of the aorta, and the beat of the heart not free. Subsequently, there was feebleness of the heart's sound and absence of pulse. The muscular substance of the heart was of a yellow colour, and infiltrated with pus; the aortic valves insufficient, and the apex of the heart bound down by adhesions to the pericardium. A similar case is referred to, as occurring four days later in the same hospital, with more advanced purulent infiltration.

Endocarditis confined to the right side. Dr. Burci, of Florence,‡ details a case of extensive bronchitis, accompanied with rheumatic pains, and presenting after death evidence of endocarditis, confined to the right auricle, which was filled with liquid blood, mixed with abundant albuminous flocculi. The endocardium was of a florid vermilion colour, tumid and undulated. Layers of dense false membrane covered those parts of the endocardium which were reddest, and beneath which it was thickened, opaque, and readily torn. No other morbid appearance existed, except that the heart was large, flaccid, and soft. Dr. Graves§ found the valves of the pulmonary artery (of which there were but two) studded with recent lymph, in a man who died in 26 hours after a sudden aggravation of symptoms occurring in the course of pneumonia of the right lung.

True organised polypus of the left auricle. The following almost unique case is described by M. Puisaye.|| A young man, æt. 19, who from eight years of age, had been the subject of cardiac symptoms, but had never suffered from rheumatism or any acute affection, complained of an almost continued sense of suffocation. There was violent impulse of the heart felt over a great extent of surface, with precordial dulness. The first sound was accompanied by a loud harsh blowing, having its maximum intensity at the apex of the heart,

* Bulletin de l'Acad. Roy. de Méd. April 11, 1843.

† Ib. Oct. 14, 43.

‡ Gazzetta Medica di Milano, Jan. 1844.

§ Dublin Journal of Medical Science, Jan. 1843, p. 390.

|| Gazette Médicale de Paris, April 29, 1843.

and which was lost on approaching the aorta; pulse 92, small, irregular. Diarrhœa and gastric disturbance, succeeded by hæmoptysis, were the precursors of death. General hypertrophy and dilatation of the heart were discovered, and the left auricle was distended by a red tumour, having, at first sight, the appearance of a clot of blood, but which on examination proved to be a lobulated fungoid tumour of the consistence of jelly. It distended the auricle and passed through the mitral valve into the ventricle. Its attachment was to the auricle near the foramen botale, around which the lining membrane was puckered up, in folds, which passed into the tumour, and formed its pedicle, the attachments of which were so firm as to admit of the whole organ being suspended by the tumour. The base of the tumour was of cartilaginous hardness, but the body consisted of a number of soft lobules, attached like grapes to the central stalk.

Needles in the parietes of the heart. Dr. Sklarsky,* a Russian physician, relates a case of aneurism of the aorta occurring in the person of a woman, æt. 50, and proving fatal by rupture into the pericardium. On examination, a sewing-needle one inch long, was found so firmly imbedded in the substance of the right auricle, and so corroded that it broke into several pieces on attempting to extract it. Dr. Sklarsky supposes that the needle having been swallowed, stuck in the œsophagus, then passed into the aorta, and gave rise to the aneurism, whence by the movements of the heart, it was thrust into the auricle. In the following case recorded by Dr. Leaming,† the progress of the needle appears to have been traceable by the symptoms. A young woman, when stooping over a table, ran a needle into the right breast; a month subsequently she was suddenly seized with pleuritis, after stooping to pick something from the floor. Five months after this, she had pneumonia, with bronchitis of the right lung, and within another month spasms of the diaphragm, which were succeeded by obstinate vomiting and subsequently by pain about the heart and pericarditis. The needle was found after death in the heart, passing from the back, through the right ventricle into the left.

Heart, aneurisms of. In a lengthy paper on this subject,‡ Dr. Craigie has collected from various sources, twenty cases of aneurism of the heart. He calls attention to the dilated recesses or pouches between the columnæ carneæ, near the apex of the heart, which are not unfrequently seen in dilatation of the left ventricle, and in some cases of hypertrophy, and which are usually filled with adherent coagula, as though the blood had been, for some time, out of the current of the circulation. These dilated recesses, he thinks, must be regarded as incipient aneurismal dilatations. They are frequently associated with attenuation of the apex of the heart. He details a well-marked case of partial aneurism of the heart, that fell under his own observation, remarkable from the situation of the dilatation and destruction of parts, being at the base of the septum cordis. In the septum cordis in the space between the right lacinia of the mitral valve, and two of the semilunar valves, was a large oval aperture, leading into a cavity of a spherical form, sufficiently large to admit and contain a good sized walnut. The walls of this cavity formed a projecting tumour into the right ventricle, the dimensions of which, at its base were thus considerably diminished. The margin of the tumour or cavity was distinct and sharp, forming a sort of collar to the tumour, as well as the aperture of communication between the cavity of the ventricle, and that of the sac, which was filled, not with solid lamellar adherent coagula, but with semifluid, grumous blood. The walls, more particularly of the convexity protruding into the right ventricle, were composed chiefly of *fibrous bands*.

Mr. Hodgson§ of Birmingham, has also related a case in which there was great distension of the apex of the left ventricle, so as to form a pouch nearly as large

* Oesterreich. Med. Wochen. 1843, p. 464.

+ Philadelphia Medical Examiner.

† Observations and cases illustrating the nature of false consecutive aneurisms of the heart, by D. Craigie, M.D. Edinburgh Medical and Surgical Journal, April, 1843, p. 357.

§ Provincial Medical and Surgical Journal, Dec. 9, 1843.

as the natural cavity, the sac was filled with coagula and layers of fibrin, as in ordinary aneurism. The parietes of the heart at the diseased part, were so attenuated, that little or no muscular structure could be seen. Mr. Hodgson thinks this is the most frequent seat of the disease, and that, imperfect nourishment—conversion into tendinous substance—and the deposition of tubercular matter, are the chief causes.

Heart, tubercles of. Dr. Kerst* records the case of a young man, æt. 21, who died much emaciated, but without any symptoms exciting suspicion of cardiac disease. Tubercles were found in the upper part of the left lung and mediastina, the heart of usual size, was throughout adherent to the pericardium, between the two surfaces of which were large masses of tubercle; two large tubercles existed in the muscular tissue, all in a state of softening, and yellow softening of the outer wall of the left ventricle.

Communication between the right and left side of the heart without cyanosis. In one case of this kind, given by Professor Huss of Stockholm,† a communication existed between the pulmonary artery and the aorta, large enough to admit the ring finger. Palpitation had been the only cardiac symptom. In another instance recorded by Dr. Mayo,‡ the patient, a woman æt. 57, had been the subject of chronic bronchitis, accompanied by sudden accesses of dyspnea, small quick pulse, increased cardiac impulse, and dullness with a loud systolic bruit at the apex. The foramen ovale was open to the extent of one inch and a quarter.

Heart, varix of. Dr. Albers§ gives two cases of sudden death from the rupture of greatly distended coronary veins, the patients having been the subjects of asthmatic symptoms. Such cases he has found associated not with true hypertrophy of the heart, but with either a normal or thinned condition of its walls and the deposition of much fatty matter.

Diseases of the orifices and valves. By the careful examination of a large number of cases, Dr. N. Chevers|| has endeavoured to ascertain what are the abnormal conditions of the orifices and valves which are either unimportant in the production of morbid symptoms, or are the results of the means adopted by nature to limit the extension of disease, and adapt the diseased heart to its altered circumstances.

Obliterated and contracted aorta. Dr. J. Hamernjk¶ has detailed at great length a case in which the aorta was completely obliterated immediately after giving off the left subclavian. The patient had, some years before his death, been squeezed by a waggon, and presented during life, a number of pulsating tumours along the back, consisting of a varicose and greatly enlarged condition of the branches of the arteriæ transversalis colli, scapulæ and subscapularis. The internal mammary arteries were also found, after death, greatly dilated, and the left subclavian, at its origin, six and a half lines in diameter. A similar case is given by Mr. Muriel,** in which the aorta near its junction with the ductus arteriosus was constricted almost to obliteration, and the superior intercostals much dilated.

Vena Azygos, rupture of. Sudden death. Dr. J. Flögel†† relates the case of a soldier who on parade fell suddenly from his horse, and died instantly. With the exception of the liver, all the organs were sound. But in the posterior mediastinum four pounds of black loosely-coagulated blood were found, which had escaped from a large rent in the vena azygos, which was throughout enlarged.

3. DISEASES OF THE RESPIRATORY ORGANS. *Larynx, Trachea, &c.* Dr. Stokes‡‡ has related a case of fatal chronic disease of the larynx, without pulmonary disease, or the usual symptoms of mechanical obstruction to the respira-

* Brit. and For. Med. Rev. Oct. 1843, p. 385.

† Gazette Méd. de Paris, Feb. 11, 1843.

§ Schmidt's Jahrbücher, No. 4, 1844, p. 37.

¶ Oesterreich Med. Wochen. March 4, 1843.

†† Oesterreich Wochensh. No. xi, 1844.

Waarnemingen in het Gebied der Path. in Utred, 1840.

‡ Lon. Med. Gazette, 1843-4, vol. i. p. 613.

|| Guy's Hospital Reports, vol. vii.

** Guy's Hospital Reports, vol. vii.

‡‡ Dub. Journ. of Med. Science, March, 1844

tion. The disease was singularly localized, occupying the glottis alone, the orifice of which was completely closed by warty excrescences growing from the edge. Two examples of polypoid growths in the trachea have been recorded. In one, detailed by Mr. Stallard,* death occurred after a severe paroxysm of coughing, lasting an hour. A loose polypus of the size of an almond was found in the trachea, and the root of the pedicle was attached to the mucous membrane, just below the cricoid cartilage. The woman had, for some time, been subject to cough and asthmatical symptoms. In the second case, M. Ehrmann,† having ascertained the existence of a fibro-cellular tumour engaged in the rima glottidis, had recourse to tracheotomy to save the woman from impending suffocation, and two days subsequently cleft the thyroid cartilage, when the polypous excrescence was exposed, and removed from the inferior ligaments of the larynx, to the whole length of which it was attached.

Pneumonia. Dr. Addison‡ thinks that what is called simple pneumonia is not really so uncomplicated an affection as is supposed, but should rather be called a broncho-pneumonia. A truly simple pneumonia does, however, occur, and may be unattended by either cough, expectoration, or pain. He considers the air-cells to be the original seat of pneumonia, and not the interstitial tissue, of which he denies the existence. [In what way, then, does the author suppose the vessels which ramify on the exterior of the air-cells, are connected with the parietes of opposite cells; do they lie in naked apposition with the cells? There is surely, as all analogy would lead us to believe, some connecting tissue, and this, to other observers, at least, the microscope appears to reveal.] The first effects of inflammation are the arrest of the natural secretions of the cells, the effusion of serum into them, (not into the interstitial tissue,) subsequently the swelling of their walls, and thus encroachment on their cavities, and absorption of the serum previously effused. In this state the tissues are brittle and consolidated; in the state of red hepatization. As the inflammation proceeds, the parietes of the cells become more opaque and thickened, the minute blood-vessels are no longer visible, the tissues become soft, and with this loss of cohesion and diminished vascular turgescence, the cells admit of albuminous matter being poured into their cavities. This constitutes the gray hepatization. In cachectic subjects this change is commonly limited to separate lobules. What is called carnification of the lung, Dr. Addison considers to be merely the effect of pressure, sufficient to force out all the contained air. The above may be considered the immediate effects of inflammation. The permanent effects present three forms: 1. The uniform albuminous induration, which is the least frequent, but occasionally occurs as the result of acute pneumonia in healthy constitutions. The effect of this is to transform the parts implicated into a uniform, homogeneous, opaque, or semitransparent mass, in which no trace of the ordinary structure of the lung can be detected. 2. The granular induration, which is caused by the effusion of a less organizable albumen. In this form the lobules, with their still distinct cells, filled with the effused matter, may be distinguished, and present something of the character of a raspberry. This is sometimes called inflammatory tubercle. 3. The gray induration, consisting of a mixture of yellowish, white, and black matter in varying proportions, the density increasing with the darkness of the colour. The albuminous effusion, in this condition of lung, has partially undergone organization and contraction and thus glued together, and hardened the aerial cellular tissue. In proof of these changes being the result of inflammation, and not of tubercular infiltration, Dr. Addison adduces various [and satisfactory] reasons.

Gangrene of the lung. [This is by no means of so unfrequent occurrence as some have supposed, and the great interest and importance of the subject, as well as the complete obscurity in which the genesis of some forms of pulmonary

* *Londo Medical Gazette*, 19 May, 1843.

† *Guy's Hospital Reports*, 2d series, No. ii.

+ *Comptes Rendus*, April 1, 1844.

gangrene is involved, will justify a brief notice of those cases which have been recorded.] Dr. Scharlau* has given a well-marked instance of idiopathic gangrene of the right lung. The patient, a robust man *æt.* 45, in the course of a slight attack of gastric fever, had cough and fetid breath, which led to a careful examination of the chest. Nothing abnormal could be detected by physical examination, though the character of the expectoration, as well as the insupportable stench of the breath, subsequently rendered the nature of the case clear. Shortly before death there was evidence of pleuritis of the right side. The post-mortem examination revealed a gangrenous cavity in the middle of the right lung, capable of containing two fists, but without any trace of pneumonia or tubercle. The pulmonary tissue, in the immediate vicinity of the gangrenous cavity, was permeable to air. The opposite lung was quite healthy.

In the case related by MM. Richard and Deschordes† the only indication of any pulmonary disease was the fetor of the breath, notwithstanding repeated careful examinations. The case, however, subsequently became complicated in a remarkable manner, from the sudden occurrence of peritonitis, having the characters of that arising from perforation of the intestinal canal, and attended by great tympanitis. After death it was discovered that a communication had taken place between a gangrenous cavity in the lung and the peritoneum. The details of the appearance presented by the lung are not given, the reporters dwelling only on the obscurity of the case during life, and its occurrence in a strong healthy young man, aged 21. In one of Mr. Wells's cases,‡ (occurring in a healthy man, *æt.* 28,) there appeared reason to believe that the gangrene was consequent on the pressure exercised by enlarged bronchial glands on the root of the lung. A great portion of the upper part of the right lung was hepatized and reddish black, and the centre of the upper lobe converted into a semi-pulpy mass, in which shreds of pulmonary tissue and obliterated vessels were floating. The opposite lung was *œdematous* and *emphysematous*, and the bronchial and mediastinal glands much enlarged. In his second case, (a marine of robust habit, *æt.* 26,) a portion, the size of a walnut, of the lateral surface of the lower lobe of the right lung was in a state of gangrene, the rest of the lobe being hepatized. In this and the former case, communication had taken place with the pleural cavity. The third case (a young man 18 years of age,) was chiefly remarkable for the length of time the fetid expectoration lasted, viz. three weeks. In this instance the lower lobe of the left lung was bound down to the chest by pleuritic adhesions, had passed into a state of complete gangrene, and communicated with the upper part of the pleural cavity, which was filled with a sanious fetid fluid, and by which the upper part of the lung was pressed down to the spine. The opposite lung was healthy. Mr. Heaton's case, that of a woman aged 28, is interesting from the circumstances in which it occurred.§ A poisonous dose of opium had induced partial asphyxia, which was followed by subacute and neglected pneumonia. A gangrenous cavity was found, after death, occupying the greater portion of the upper and middle lobes of the right lung, the walls of which presented a ragged sloughy character, without any evidence of attempt at limitation from the effusion of solid lymph. [This last case, in some measure, confirms the opinion of Chomel, that when gangrene of the lung succeeds to asphyxiating causes, the congestive stage of pneumonia passes at once into gangrene. The age and generally healthy character of the subjects of the above cases are deserving of consideration. In two other cases that will be referred to in a subsequent part of this Report the subjects were young and healthy. A middle aged, athletic looking man was brought into St. Thomas's Hospital, moribund, in August last, who had been suffering under neglected pneumonia for some weeks. The upper portions of both lungs were

* Casper's *Wochenschrift*, 18 Feb. 1843.

† *Gazette Méd. de Paris*, March 1843, p. 159.

‡ Report of Cases treated in the Military Hospital at Malta. *Edinburgh Med. and Surg. Journal*, April 1844.

§ *London Medical Gazette*, May 3, 1844.

in a state of gray hepatization, and the greater part of the left upper lobe was a mass of gangrene.]

Cirrhosis of the lung. Dr. Law* has described two cases of this disease, in which the lung was covered with a dense false membrane, and the parenchyma was also very dense. Drs. Stokes and Greene, have met with two other examples.† Dr. S.'s patient had been labouring, for some months, under cough, with dyspnea and hectic. There was dulness over the upper part of both lungs, without decided signs of cavities. The left lung was the more diseased, and this was found diminished in size, and very irregular on the surface, giving to the hand, when passed over it, the impression of numerous hard bodies, but which were the air-vesicles. In Dr. Greene's case the bronchial tubes were enlarged, and resembled phthisical cavities. The symptoms during life were those, of phthisis.

4. DISEASES OF THE NERVOUS SYSTEM. *Brain.* Dr. John Hughes Bennett‡ has recorded a series of cases of cerebral and spinal disease, with a detail of the morbid changes, as they appeared to the eye with and without the microscope. He distinguishes two kinds of softening, an inflammatory and non-inflammatory, the former being characterized by the presence of exudation-corpuscles and granules, and consisting essentially in the formation and development of nucleated cells, in the liquor sanguinis, effused from the vessels, and acting as a blastema. The non-inflammatory softening he considers to be the result of mechanical disintegration of the nervous tissue, either from maceration in serum, hemorrhagic extravasation, putrefaction, or mechanical violence. It differs from the inflammatory softening in not causing any symptoms during life, being, in fact, a post-mortem change. The two forms cannot, however, with certainty be distinguished by the unaided eye; but the fawn-coloured is generally inflammatory, whilst the red usually depends on congestion or extravasated blood. Purulent infiltration was never found to be a cause of white softening. Contraction of one or more limbs is a common symptom of inflammatory softening. In M. Durand Fardel's treatise on Softening of the Brain§ will be found a very complete history of that disease, a full analysis of which has been given in the 31st No. of this Journal. M. Fardel insists on the importance of distinguishing between the acute and chronic forms, both in respect of the symptoms during life and the morbid anatomy. During its acute stage softening of the brain is specially characterized by redness and diminished consistence, without disorganization of the part, and is by far the most frequent in the convolutions. He contends against the views of Abercrombie and Carswell that the essential character of white softening is a gangrenous condition of the part, arising from ossification of the cerebral arteries, with obstructed circulation. He also opposes the doctrine that this condition of the arteries is the main cause of cerebral hemorrhage in the aged. He considers the white softening of authors simply the chronic stage of red softening, a *colourless* condition consequent on subsequent changes, and the general doctrine which he inculcates is, that softening is an inflammation having nothing special in its nature, essentially the same in the young and the old, whether produced by local injuries, or spontaneously developed. He, however, is compelled to admit a certain number of cases, in which, after an indubitably acute attack, white softening has been detected, i. e. he is compelled to allow the existence of a certain number of cases of *primitive* white softening. [Such cases are most frequent in children. Fardel's observations were made on subjects advanced in life; but it is when occurring in children, that a correct explanation of the nature of primitive white softening, is of most importance. This explanation, however, M. Fardel is not prepared to give.] In a memoir by the same author,

* Dublin Journal of Medical Science, March 1843.

† Idem.

‡ Pathological and Histological Researches on Inflammation of the Nervous Centres, by John Hughes Bennett, M.D. Edinb. 1843. Reprinted from the Edinburgh Medical and Surgical Journal.

§ Traité du Ramollissement du Cerveau, par Max. Durand Fardel, M.D. &c. Paris, 1843.

devoted to the investigation of the changes which the blood undergoes when effused in apoplexy, and the consequent alterations in the surrounding textures, will be found a good summary of the morbid anatomy of apoplectic effusions, and their relations to softening of the brain.*

Brain, abscess of. A case of encysted abscess of the brain is recorded by Mr. Bolton.† It was of the size of a hen's egg, seated in the posterior part of the right hemisphere, and accompanied by softening which implicated the whole of the posterior and part of the middle lobe. The patient presented during life no symptoms of either muscular or sensorial disturbance. The only symptoms referrible to the head were dullness of manner, dull pain, giddiness and irritability of the stomach. Death occurred in a few hours after the sudden appearance of coma.

Brain, hypertrophy of. An instructive case of this rather uncommon affection is recorded by Mr. Wells.‡ A seaman, æt. 24, complained on the 4th of March, of headache, giddiness, and some dyspeptic symptoms, which were relieved by blisters and aperients. On the 27th, he had more giddiness, with general debility. April 1, excruciating pain of the head confined to the occiput, led to the employment of calomel and antimony, and shaving of the head. No constitutional symptoms appeared till the 3d, when there were severe fits of pain, occasional insensibility, contracted pupils, pale face, low pulse, and some muscular rigidity of the lower limbs. The man died on the 7th; occasional fits of insensibility and rigidity of the limbs having recurred at intervals. The dura mater and the arachnoid were found healthy. There was considerable hypertrophy and hardening of the right cerebral hemisphere, which was so much enlarged as to thrust the metal line to the left of the foramen magnum. Much limpid serum was found in the lateral and third ventricles, and the right hemisphere of the cerebellum was distended by serum. The medullary substance was healthy, and the only other morbid appearance was congestion of both kidneys.

Scirrhus tumour of the brain, without any corresponding symptoms. M. Velpeau§ relates the case of an old man, æt. 66, who entered the hospital complaining of feebleness, pain between the shoulders, and some incontinence of urine. The pain was relieved by cupping and the incontinence of urine was trifling. His habit of onanism, however, was so inveterate and shameless, that it was requisite to put on a strait-waistcoat. He fell into a state of marasmus and died. No trace of disease of the cerebellum was found, but the whole right anterior lobe of the brain was occupied by a scirrhus mass, which also encroached considerably on the left anterior lobe. A bony scale of some considerable size was attached to the falx. With the exception of a little enlargement of the prostate, all the viscera, &c. were healthy. By the side of these facts, what becomes of all our beautiful physiological theories? asks M. Velpeau.

Intra-cranial phlebitis. M. Boudet, of La Charité,|| has recorded the following case. A clerk, æt. 27, of strong constitution, after exposure to wet and cold, was seized with shivering and intense cephalalgia. These symptoms were succeeded by pain in the eyes and photophobia, and eight days after he was bled largely without relief. He subsequently complained of pain in the right shoulder and neck, and the least motion of the head gave him great pain; there was also pain over the orbits and œdema of the right conjunctiva. Slight intermittence of the symptoms led to the employment of quinine, but without

* Archives générale de Médecine, April 1844, Sur la réparation ou cicatrisation des foyers hémorragiques du cerveau.

† Lancet, vol. i, 1842-3, p. 676. See also Case of Abscess of the Brain, by Dr. G. Pyemont Smith, Lancet, Dec. 31, 1842; and Observation d'Abscès latents du Cerveau, par M. Gouzée, L'Expérience, No. 306, Mai 11, 1843; and Case of Encysted Abscess of the Cerebellum unattended by any diagnostic symptoms, by Dr. Fr. Brown, Provincial Medical and Surgical Journal, Oct. 8, 1842.

‡ Edinburgh Medical and Surgical Journal, April 1844; Report of cases treated in the Malta Naval Hospital.

§ Bullet. Gén. de Thérap. t. xxlv, p. 219.

|| Journal de Connais. Méd. Chirurg. April 1844.

benefit. The pulse became dichrotonous; cupping alone gave any, and that but temporary, relief. Delirium, dilated pupils, with a dry and black tongue preceded death, thirty-one days from the commencement of the illness. In the right middle lateral fossa at the base of the cranium was found a small quantity of yellow viscid pus, without odour; this was within the arachnoid, and covered the inferior portion of the anterior cerebral lobe, the corresponding cortical part of which was slightly softened; with this exception the brain was healthy. The right cavernous sinus was filled with thick glairy pus, and its parietes roughened and unequal; the ophthalmic vein was dilated and filled with pus, and here and there the surrounding cellular tissue was the seat of purulent deposits. The coronary, petrous, and lateral sinuses, as well as the internal and external jugular veins, and the trunk of the brachio-cephalic, and the mastoid and sub-occipital veins were filled with pus. The lungs were the seat of purulent deposits. [Intra-cranial phlebitis appears to have been the origin of the disease, and the pus in the arachnoid had probably escaped from an inappreciable opening.]

Insanity, Contracted foramen lacerum posterius in. Dr. Kasloff,* of Kiew, having for some years directed his attention to the state of the great vessels of the head in cases of insanity, has been induced to conclude that, in all its forms, insanity is most intimately connected with derangement of the circulation within the cranium. In particular he has remarked that the foramen lacerum posterius on one, and sometimes on both sides, is much contracted, so as necessarily to have involved great diminution of the jugular vein, and obstruction to the return of blood. The canalis carotieus did not seem to have undergone any corresponding contraction. But along with the contraction of the foramen lacerum posterius was generally seen enlargement of the foramina transmitting veins from the skull. In every skull of maniac or suicide in the museum at Kiew, Dr. Kasloff found this contracted state of the foramen lacerum posterius. [Dr. Kasloff's observations tend to show that a persistent obstacle to the return of blood from the head exists in insanity—an important fact, if true.]

Parasites. The zeal with which microscopical investigations have latterly been pursued has led to the detection of numerous parasites, both animal and vegetable, in various parts of the body. It will, however, be impossible to do more than point out the references to some of the discoveries and observations that have been made in this department of pathology. An interesting paper, giving an account of the various entozoa that have been detected in different parts of the eye, is furnished by Messieurs Nordman and P. Rayer.† Filarie oculi humani have been seen in the liquor morgagni, and in the capsule of the crystalline lens; monostomata in the crystalline lens, affected with cataract; distoma in the capsule of the crystalline lens of a child born with lenticular cataract; echinococcus between the crystalline lens and choroid; other entozoa chiefly cysticerci‡ in the subconjunctival tissue; conservoid growths in the posterior chamber, removed by paracentesis oculi;§ filaria papillosa in the anterior chamber of the eye of a horse.|| Dr. Livois' researches on echinococci** led him to examine 800 accephalocysts, and in no one instance did he fail to detect within them echinococci. He, therefore, concludes that the true hydatid is nothing more than the containing cyst of these parasites; which, instead of being rare, are among the most common. They occupy different situations in the cyst, according to their degree of development, appearing as granulations or gemmules, adherent to the interior of the cyst as long as their head is not protruded; but when fully developed floating loose in the fluid of the sac. They are generally found in both situations, but sometimes only loose, escaping when the sac is opened. The containing cyst increases as the echinococci multiply by reproduction. Prof. Klenke's experiments†† lead him to believe that hydatids may be, and probably

* Zeitsch. für die Gesammt. Med. Jan. 1844.

† Annales d'Oculistique, March 1842.

‡ Oesterreich. Med. Wochens. Jan. 14, 1843.

†† Gazette Méd. Dec. 1843.

† Ann. de la Chir. Franc. et Etr. vol. vii, p. 191.

§ Casper's Wochens. Sept. 10, 1842.

** Recherches sur les Echinocoques. Paris, 1843.

arc, in every case, developed by contagion as he calls it, or by actual introduction within the body. When he injected them within the veins, or introduced them into the cellular tissue or digestive tubes of dogs, cats, birds, &c., he found that they excited the disease. He also detected them in the milk of the cow. Mr. Drewry Ottley has detailed the history of a case in which the *echinococcus* was found in the brain. A new species of intestinal worm has been described by M. Dumeril,* under the designation of *opiostoma pontieri*. Two examples are recorded of intestinal worms escaping by the umbilicus. One by Dr. Hecking,† in which several lumbrici (spulwürmer) escaped from an abscess over the umbilicus, which closed shortly after. A second by Dr. Siebold,‡ in which a *tænia solium* escaped from the same situation, and in the same way, without the discharge of fecal matter or gas, or any indication of perforation of the intestine. The *fasciola hepatica*, so seldom found in the human subject, has been detected in the vena porta by M. Duval.§ The species of *deniodes* (*acarus folliculorum*) described by MM. Simon and Wilson, has been discovered by Mr. Topping in the pustules of a mangy dog.|| Vegetable fungi found in the air-sacs of birds, in the mouths of newly-born children, and in the crusta of porrigo favosa, are considered by M. Rayer** as invariably secondary productions. Dr. Remak†† has succeeded in transmitting porrigo favosa by inoculation with the fungi. M. Mandl‡‡ states that the tartar of the teeth consists of the calcareous carapaces of defunct vibriones, which abound in the buccal mucus. Dr. J. Hughes Bennett§§ found, in recently expectorated sputa of a man in the last stage of phthisis, with pneumothorax, cryptogamic vegetations, consisting of jointed, transparent tubes, giving off several branches, mingled with numerous round or oval globules.

PRACTICAL MEDICINE AND THERAPEUTICS.

I. FEVERS.

Influenza. An epidemic catarrhal fever, presenting all the characters of what is usually termed influenza, has prevailed within the period comprised by this Report, in all the New England States, in which its invasion seems to have been almost simultaneous. The duration of the attack was from a day or two, to a week, or fourteen days; but in the majority of cases a critical sweat, attended by free expectoration, occurred on the third day, with disappearance of the fever on the fifth. Debility and vertigo appear to have been the most constant and remarkable symptoms; but according to Dr. Forry,||| who has given an excellent account of the epidemic, it differed in no respect from others of the same kind. Dr. F. states that in nearly all the cases, at first, a more or less deranged state of the chylipoietic viscera existed. The treatment consisted mainly of mild saline purgatives, diaphoretics and occasionally, when the head was affected, leeches to the *schneiderian* membrane. Dr. Peebles*** found the *eupatorium perfoliatum* (vulgo "boneset") very useful in relieving the nervous and muscular symptoms of debility. He ascribes to it diaphoretic, expectorant, and aperient virtues. It was observed by Dr. N. S. Davis,††† that all severe cases were relieved, only after free vomiting, and he was led, therefore, to employ calomel and ipecacuanha, which he found more useful than anything

* Bulletin de l'Acad. Roy. de Méd. 15 et 31 Jan. 1843.

† Med. Zeitung von Preuss. No. xvii, 1843.

‡ Physiological Journal, 1844.

** Journal des Conn. Méd. Chirurg. Aug. 1, 1842. See also for other cases and observations on that subject, München All. Zeitung, &c. Dec. 18, 1841; All. Med. Centr. Zeitung, 30 Nov. 1842; and Archives Gén. de Méd. June 1842.

† Arch. Gén. de Méd. Sept. 1843.

‡‡ New York Journ. of Medicine, July 1843, p. 64.

††† New York Journal of Medicine, Nov. 1843.

+ Berlin Medicin. Zeitung, Oct. 19, 1842.

§ Gazette des Hôpitaux, Suppl. Dec. 1842.

|| Berlin Med. Zeitung, Aug. 3.

§§ Lancet, June 1, 1844, from Trans. Roy. Soc. Edinb.

*** Amer. Journal of Med. Science, April 1844.

else, and which never failed to bring away copious dark bilious evacuations, which were followed by speedy relief of all the severe symptoms. The only fatal cases he met with were among those who had been bled. Dr. Gilbert* considered the disease had its seat in the nervous system, but was unconnected with either congestion or inflammation, and was best treated by strychnia.

Miliary or Sweating Fever. An epidemic of this disease, so celebrated in former times, but of late rather rare, has, for the space of a year, spread consternation through five provinces of France, la Dordogne, le Lot et Garonne, le Calvados, le Jura, and la Manche. Numerous accounts of the epidemic as it appeared in different parts of France, will be found in the French journals, but the fullest history has been given by M. Borchard in his report to the Royal Society of Medicine of Bordeaux,† and by M. Parrot‡ in a memoir read to the Royal Academy of Paris, on which M. Martin Solon has reported.§ M. Borchard first gives an account of the topography and statistics of La Dordogne, and points out the remarkable fact, that the localities in which marshes and stagnant waters exist, are those in which the disease raged with greatest violence. M. Rayer, in his description of the epidemic of l'Oise in 1821, and in his researches on similar epidemics, has made the same remark. The sweating sickness M. Borchard considers a general disease, depending on a cause which influences immediately and primarily the whole organism, the first shock being felt by the nervous and sanguineous systems, including the blood. All the epidemics of this disease known for a hundred years, have established the fact that the countries invaded have numerous marshes, ponds, rivulets, and forests; and all the historians of the disease have noted the frequent and sudden atmospheric changes, and the disturbances of the natural succession of the seasons. M. Borchard, therefore, concludes that the cause of the disease is an effluvium from stagnant waters, acting under the influence of certain barometric conditions, on localities which, by the vicinity of forests, are sheltered from wind. The epidemic appears to have commenced in La Dordogne in May 1841, and extended south, destroying in Dordogne 797 of 10,805 persons attacked; whilst in the departments of Lot and Garonne only 614 died of 28,307 attacked. Two forms of the disease were generally recognised, a benign and a malignant; but cases which at the onset appeared slight, not unfrequently assumed, suddenly, the malignant form, and proved rapidly fatal. In whatever form it appeared, it was often developed without premonitory symptoms; in other cases severe headache, spontaneous lassitude, and (especially at Perigueux), nausea and vomiting, and pains in the loins announced its approach. Most frequently violent palpitation of the heart and of the cæliacæ axis, accompanied by severe headaches, attended the onset of the disease; the skin was covered with a general profuse sweat of a very peculiar odour, whilst at the same time, in some instances, it gave to the hand a sensation of burning heat, a sure indication of the nature of the commencing disease. With these symptoms were associated a painful sense of sinking or anxiety at the precordial region, and in some cases violent delirium. About the second or third day, a distressing tingling of the whole surface of the skin occurred, which was followed on the fourth or sixth day by the characteristic eruption. This was, at first, red and apparently papular; but by the microscope could be shown to be vesicular, a character that was discernible the following day by the naked eye. The vesicles, transparent and of the size of millet seeds, appeared at the sides of the neck, on the chest, on the inner surface of the limbs, and sometimes over the whole body. The fluid contained in them had no corrosive property, and when inoculated into other persons produced only a little local irritation. The eruption was discrete, or confluent. On the fourth day it assumed a yellowish tint, and disappeared with more or less desquamation.

* New York Journal of Medicine, Nov. 1843, p. 426.

† Gazette des Hôpitaux, 4 Oct. 1842.

‡ Bulletin de l'Académie Roy. de Méd. t. viii, 15 Nov. 1842, p. 105.

§ Ibid. p. 1018.

Through the entire course of the disease the gastro-intestinal system was free from disturbance, and in some severe cases the appetite was preserved. The complication with nausea and vomiting observed at Perigueux did not occur elsewhere. The tendency to assume a remittent or intermittent type was very generally remarked, though neither the sweating nor the eruption was affected by the exacerbations. The abnormal appearances revealed post-mortem, were various, but were more frequently seen in the brain and digestive organs than in the respiratory, and consisted chiefly of vascular injection and congestion. In some cases nothing was revealed by the examination. The blood obtained by venesection was generally of a bright rose colour, the serum not separating readily, and the clot having usually the appearance of currant jelly, without any buffy coat, except in some few instances. The disorder and desolation caused by the mortality which attended the epidemic led to the trial of various modes of treatment. In some of the more malignant cases the patients sometimes died the third day, bathed in profuse perspiration; but before the appearance of the eruption. In such cases the expectant treatment was soon found insufficient. Antiphlogistic remedies were sometimes useful, in removing local congestions, but failed to overcome the severe symptoms. Purgatives were of no use till about the eighth day, when bilious symptoms showed themselves. In the milder cases, expectant treatment with cooling diluent drinks answered best. But in all severe cases the testimony is almost unanimous in favour of the great importance and utility of quinine or bark. This, in the words of Parrot, "was the anchor of safety." It was given in moderate doses during the short remissions in the early stage of the disease. [The same bad consequences were observed from heaping the patients with clothes and encouraging the sweating, as were noticed by Sydenham and Celsus, who also have made the same distinction between the mild and malignant forms of the disease.] An apparently independent epidemic occurred in the east of France in Haute Saone, in March 1842, where it was attributed mainly to the artificial excessively hot temperature maintained by the inhabitants. In Saligny, D. of Jura, the mortality was great, apparently owing to the neglect of quinine in the early part of the epidemic.

Fever, Epidemic of Scotland. A very extensive epidemic of fever has prevailed in Scotland, having many of the characters of yellow fever, and which has been described by several very competent observers. In Dr. Cornack's Treatise will be found a full account of the history of the epidemic and its peculiar features; but the distinctive characters are so well exhibited in Professor Alison's short paper, and his high character as a philosophical observer (especially on this particular subject) is such, that his statement will be taken as the basis of the following account of this new epidemic.

After stating* that the ordinary fever had been rare, Dr. Alison says that the great majority of cases are essentially different in their symptoms and progress from strictly typhoid cases, and from any form of continued fever that he has seen generally prevalent: 1. In duration, which is uniformly short; some having a crisis on the fifth, a majority on the seventh, and hardly any protracted beyond the ninth day. When death takes place it is early; in every case he has seen or heard of, before the ninth day. 2. None have shown the true febrile eruption, though some have had petechiæ. 3. An unusually large proportion have become yellow, generally on the fifth day. This has been almost uniformly attended with fulness of the hypochondria, dullness on percussion, and tenderness—generally with much vomiting; sometimes of dark green bile, sometimes of the brownish matter like hare soup, so often seen in cases of organic abdominal disease. He has not seen any black vomiting, but the stools have sometimes had the character of melæna. He thinks the bile, in this state, has never disappeared from the stools, and in fatal cases the bile-ducts were per-

* Scottish and North of England Med. Gazette, Oct. 7, 1843; in London and Edinburgh Medical Journ. March 1844.

vious, and contained (as also the duodenum) an abundance of bile. The liver was enlarged, but not otherwise diseased. Most of the fatal cases have been jaundiced; but many jaundiced patients have done well with little treatment. Most of these have shown the petechial spots, and in one case a blister applied to the epigastrium rose filled with serum quite black. 4. Both in the jaundiced and non-jaundiced cases, there has been much sickness and vomiting, always abating when the critical sweats took place. 5. *Almost every case has relapsed*, the majority on the fourteenth day: the relapses being of shorter duration than the first attack, and seldom attended with jaundice. In all fatal cases there was inflammation to a great extent of the mucous membrane of the bowels. 6. It has abated almost uniformly by critical sweats, preceded frequently by violent rigors. 7. During and after the sweats, there have been severe pains of the limbs, of the character of muscular rheumatism. 8. The mortality has been very small, not more than one in thirty, and chiefly among the old, or where there was obvious complication. 9. *Every pregnant woman has miscarried*. In two the mother died; in one, though the hemorrhage was considerable, the uterus contracted well. In both the fatal cases rapid sinking followed an attack of pain in the side; in one there was pneumonia, and in the other enlarged and softened spleen. The body in this case rapidly putrified, and the blood-globules examined by the microscope, were irregular in form and size. The mode of fatal termination has been like that in other forms of fever, from embarrassment of function and alteration of structure of some particular organ, usually of the brain, with general failure of the circulation.

The great majority of cases required very little treatment. Remedies directed to relieve the symptoms and meet the local complications, generally mitigated the sufferings of the patient, and in some instances diminished or averted the danger. Headache and other uneasy symptoms of the early periods were relieved by bleeding, which, however, neither shortened the disease nor prevented relapses; and some had a slow unsteady convalescence. Leeching, shaving, and sponging the head, with purgatives, gave relief in the early stage, and afterwards an opiate on the third night, and repeated for several nights, was of signal service in palliating the very uneasy sensations of this period. Antimonials and Dover's powder favoured the sweats; leeches, blisters, and calomel and opium relieved the sickness and vomiting. Some with petechiæ recovered rapidly under the use of chlorate of soda: few required large doses of wine.

Does this fever proceed from the same poison as the ordinary typhus, or is it a distinct disease? The one has succeeded the other within narrow limits of time and space in different parts of the town. One man in the infirmary went through both diseases before leaving the ward. The new has differed from other epidemics in the extent and rapidity of its spread in summer time; but in regard to the mode of its extension (by contagion) and the persons liable to be affected, it has differed in nothing from other epidemics. Dr. Henderson remarks,* that a third, fourth, or fifth relapse sometimes occurred, and he met with instances, of the same persons exhibiting the two forms of fever (the epidemic and typhus) within a very short time, which he considers a proof of their distinctness. He noticed also, enlargement of the spleen, and derangement of the functions of the kidneys; and in fatal cases terminating by convulsions, he detected urea in the blood and in the serum, effused within the cranium. [The same condition of the spleen was noticed by Dr. Graves in the Dublin epidemic of some years back.] Dr. Spillan† has called attention to the resemblance of the present epidemic in all the important features, to that described by Hippocrates as occurring in the island of Thasus off the coast of Thrace, where the same state of the spleen is referred to. (Vide Clifton's edition of Hippocrates on Air, &c. p. 62.)

In Dr. M'Kenzie's account of the Glasgow epidemic, especial reference is made to the peculiar form of ophthalmia which succeeded to this fever; in describ-

* Edinburgh Medical and Surgical Journal, Jan. 1844.

† London and Edinburgh Monthly Journal, Feb. 1844, p. 176.

ing which he states, that in the greater number of cases all the textures of the eye suffered from inflammation, which therefore, he thinks, may most properly be called *ophthalmitis*. Sometimes, however, the inflammation was confined to one or two textures. It bore most resemblance to rheumatic ophthalmia, or rheumatic iritis; but its closest resemblance was to sympathetic ophthalmia from wounds of the edge of the cornea or sclerótica. His treatment consisted of depletion, mercury, belladonna, and bark.

Dr. Arrott* has described the disease as it occurred in Dundee, where it was preceded by a gradual decline of the ordinary fever. Black vomiting, he states, was common, and the bile generally found viscid and thick. The post-mortem appearances corresponded remarkably with those observed by the French commission in Gibraltar, in 1828, particularly in reference to the condition of the liver, which Louis considers the anatomical character of yellow fever.

Fever-Typhoid. M. de Larroque calls attention† to the admitted occasional absence of all the so-called pathognomonic symptoms of typhoid fever, the rose-coloured lenticular spots, sudamina, diarrhea, pain in the right iliac fossa, meteorism, and nasal hemorrhage, and therefore to their insufficiency as diagnostic signs. From his own clinical observations he believes himself justified in saying, that the four following phenomena are present from the onset, and place the typhoid nature of the fever beyond doubt: 1. Stupor, which presents various shades and forms, according to the causes, peculiarities, and intensity of the disease. 2. Dilatation of the pupils, which is signally invariable. 3. The pulvulence or brownish coating of the interior of the nostrils. 4. Gurgling in the situation of the cæcum, and termination of the ilium, which may be discovered in all cases if sought for with care. Whenever these four symptoms have been noticed, they will certainly be followed by the other phenomena which generally constitute the disease. M. Amedée Latour‡ also, advances the following propositions, though not unreservedly; 1. That the diagnosis of typhoid fever is not so clear, or easy as represented. 2. That some eruptive fevers, variola amongst others, may commence with an assemblage of symptoms identical with those which constitute typhoid fever. 3. That when the varioloid eruption is developed the typhoid symptoms disappear. 4. That these typhoid symptoms coincide with or complicate a number of different diseases. 5. That the typhoid symptoms, in the commencement of these diseases, have no influence on their development or progress. And lastly, that at this period, they afford no indication for special treatment.

Some general remarks on the distinction between typhus exanthematicus and abdominalis, will be found in Dr. Miguel's paper.§ He considers more active treatment to be required in the latter than in the former. Dr. Bartels|| has detailed three cases in which the appearance of sores on the tongue was regarded as critical in the course of typhus fever (*nerven fieber*), no mercury having been given. M. Rayer** has related to the French Academy a well-marked fatal case of typhoid fever occurring in a woman æt. 56, in which the pathognomonic anatomical lesions found after death were equally well marked. A similar case in a woman 63 years of age is given by Dr. Bartlett.†† [In his work on Typhoid Fever, Chomel stated that there was only one authentic case on record of typhoid fever occurring in a person more than fifty years of age; but in 1837, M. Prus read to the Société de Médecine, an example in a woman æt. 78.] Dr. Richter of Dusseldorf,‡‡ relates a case in which *ammonia* was excreted by the skin of a patient suffering under typhus fever. Three days before death, when the patient was in a state of stupor, the face and

* Medical Gazette, 1843, vol. 1, p. 225. For further accounts of the epidemic as it appeared in Glasgow, vide Mr. Reid's paper in Lond. Med. Gaz. vol. i, 1843-4, p. 358, and Dr. Smith in Edinb. Med. and Surgical Journal, Jan. 1844.

† Bulletin de l'Acad. Roy. de Méd. t. viii, p. 15.

‡ Bulletin Gén. de Thérap. Dec. 1842.

§ Casper's Wochen. Dec. 17, 1842.

|| Allgem. Med. Centr. Zeitung, 11 and 14 Jan. 1843.

** Bulletin de l'Acad. Roy. de Méd. t. viii, p. 37.

†† Boston Med. and Surg. Journ. Oct. 1, 1842.

‡‡ Oesterreich. Med. Wochens. 1843, p. 457.

hair of the head and beard were observed to be covered with a whitish shining matter like spermaceti. On closer examination, the face was found sprinkled with minute spots of a whitish substance, which on being removed, left the skin with a punctated appearance. The excretion continued till death, after which, the thighs also were found covered with small needle-like crystals. Chemical examination proved that the excreted matter was alkaline and ammoniacal, and contained in addition a whitish yellow substance soluble in ether. [Liebig has shown the presence of ammonia in the air in the vicinity of typhus patients; and Donn  and Prout ascertained that the rhomboidal prisms in the urine and f ces consist of phosphate of ammonia and magnesia, but the excretion of ammonia by the skin of typhus patients, is a fact equally new and important.] The essays of Mr. Ross, on Typhus Fever, which have appeared in the 'Lancet,' contain the results of his attempts to apply the doctrines of modern organic chemistry to the elucidation of the pathology and treatment of this disease.* M. Rayer's observations can only be referred to as containing much that is interesting in reference to the existence of typhoid fever in animals.†

The following papers elucidating the statistics of fever in Great Britain, are worthy of notice, and may be referred to with advantage. Statistical and Pathological Report of Cases of Fever treated in the Royal Infirmary of Edinburgh, in the year ending September 30th, 1842, by Thomas B. Peacock, M.D.‡ On the Statistics of Fever in St. Thomas's Hospital, with reference to treatment, by H. Burton, M.D.§ This Report contains an elaborate analysis of all the fever cases which fell under the author's care during six years. A Paper on the Statistics of Fever in Edinburgh during a series of nine years, with especial reference to the influence of season, by Dr. Knox.|| The highest average number of cases occurred in the following months, and in the following order: December, November, January, March; and the lowest averages were presented by the months of February, August, and May. Some valuable practical observations on the continued fever of the middle and southern parts of Virginia, from 1816 to 1829, have been given by Dr. J. P. Mettauer.** A systematic Treatise on Fever has been published by Dr. E. Bartlett,†† in which the author endeavours to show that the typhoid fever of France, apparently the most frequent form of fever in America, is a distinct species from the typhus of that country and of England.

Congestive Fever of America. Dr. Parry‡‡ has described a congestive fever met with in Central Indiana, of which the following are the chief characteristics. It prevails at the close of summer, and through the autumn, occurring chiefly in the low grounds skirting the rivers. The first symptoms are those of an intermittent; but the first paroxysm is imperfectly marked, and during the interval of twenty-four or forty-eight hours, the patient complains only of malaise. The second paroxysm is very severe, the coldness extreme, and the face and extremities of a death-like hue. In this condition the patient may die or reaction may take place in three or four hours. During the cold stage of this second paroxysm, there are profuse discharges from the stomach and bowels, either resembling water in which fresh meat has been washed, or containing much blood; intense thirst, extreme restlessness, and desire for air, rapid small pulse, and frequently muscular cramps: but no disturbance of the mental functions, except in the agony of death, or where there is congestion of the head. The usual length of the fatal paroxysm is from three to six hours. The treatment was directed, in the cold stage, to arrest the discharges; for which purpose morphia, camphor, and blue pill, or acetate

* Lancet, Feb. 25 and March 4, 1843.

† L'Exp rience, 27th April 1843.

‡ Lond. and Edinb. Monthly Journal, May 1843.

§ London Med. Gazette, vol. i, 1843, pp. 204, 503, 599.

|| Ibid. Aug. 25, 1843.

** Amerlean Journal of Med. Sciences, July 1843.

†† History, &c. of Typhoid and Typhus Fever, by Elisha Bartlett, M.D.; Philadelphia, 1842.

‡‡ Amerlean Journal of Medical Sciences, July 1843.

of lead, morphia, and calomel were employed. Sinapisms and stimulant frictions to the abdomen were useful, and cupping to relieve local congestion. Internal stimuli were neither productive of good nor harm; but iced drinks were of use. If reaction could be established, quinine became *the* remedy, and rarely failed to save the patient.

*Erysipelatous Fever.** A malignant form of fever attended at the onset with sore throat, and subsequently with erysipelatous inflammation of the integuments, and often of the internal serous membranes, was epidemic in Vermont and New Hampshire, in 1842-3. The inflammation of the skin and cellular membrane was such as to produce disorganization and separation of contiguous parts to a great extent. A semi-putrid thin fluid was infiltrated into the cellular tissue, so acid that when discharged the "*hardest steel was directly penetrated by it, as by nitric acid,*" and instruments used to open abscesses were, after a few hours, "*entirely eaten through.*"! When internal organs were affected, the patients almost invariably died. During the prevalence of the epidemic, cases of puerperal peritonitis, of the same character, were sensibly increased, and in many instances appeared to be communicated by the medical attendant.

[The appearances in the abdomen after death, both of non-puerperal and puerperal cases, were precisely those that have so often been described as marking the true malignant puerperal fever of this country.]

An account of the same, or a similar epidemic, occurring in Riply and Dearborn counties, Indiana, is given by Dr. Sutton,† who also subscribes to its contagiousness. Dr. Allen, in his account of the same disease, states that "when the manifestations were external, and the inflammation of the skin did not recede, there was little or no danger to be apprehended;" "but that if the local affection manifested itself either primarily, or by metastasis, in a vital or internal organ, the most serious consequences were to be apprehended. The local manifestations were often primarily denoted by an internal organ. The true character of the disease could then only be ascertained by the severity of the chill, ensuing heat, and the kind of diseases prevailing."‡

Intermittent Fever, condition of the Spleen in. M. Piorry, in a memoir presented to the Academy of Sciences,§ has given the conclusions to which he has been led by the consideration of 165 recorded cases, and upwards of 1000 others of which he has no written record. The condition of the spleen was ascertained by means of the plessimeter and percussion, and the results are, therefore, in the author's estimation, of the utmost certainty. From the analysis of 163 cases, he considers it certain that ague occurs, independent of miasmatic causes; and that in many instances it arises from falls, blows, and inflammation of the spleen. Enlargement of this organ is so frequent in ague that, in 154 of 161 cases, it exceeded the normal size; and in four of the remaining seven it was painful, which was also the case in eighty-two of the whole number. Splenic pains sometimes precede the fever. Organic affections of this viscus may either produce or keep up intermittents. He thinks there is no evidence that any persistent alteration of the blood can directly produce ague. Miasmatic causes act through the nervous system of the spleen. Sulphate of quinine quickly dissipates a large majority of the cases of enlarged spleen, and even in its healthy state its volume may be reduced by the introduction of quinine through the stomach or bowels. In two cases he thinks fatal hemorrhage might be attributed to the too rapid diminution of the spleen under the influence of quinine; hence the dose of this medicine should be proportioned to the enlargement. The quinine, he believes, is absorbed by the veins, and cures ague by its direct action on the spleen. A case of intermittent fever observing a septan period, is recorded by Dr. Laroche (père) of Angers.||

* American Journal of Med. Sciences, Jan. 1844, p. 13. Account of the erysipelatous fever, as it appeared in the Northern section of Vermont and New Hampshire, in 1842-3, by Drs. Hall and Dexter.

† Ibid. same date, p. 247.

‡ Boston Med. and Surg. Journal, vol. xxx, No. 2, et seq.

§ L'Examinateur Médicale, No. 13, t. iii.

|| Archives Générales de Méd.; Mars 1843.

Intermittent Fever, Treatment of. Dr. Cenni,* in a letter to the Editor of the *Racogliatore Medico*, states that many cases of ague, resisting all other plans of treatment, he has found give way to mercury associated with quinine. Tenderness of the spinal column, in persons affected with intermittent fever of a chronic form [previously noticed by MM. Griffith and Van Mons], M. Gouzeet† has found to occupy chiefly that portion included between the third and fifth dorsal vertebræ. In such cases he has derived from local depletion and counter-irritation great success.

M. Chomel‡ has given an abstract of his experiments with various so-called febrifuges in the treatment of intermittent fever, (which illustrate in a striking manner, the fallacies to which we are exposed in estimating the value of new remedies.) Powdered holly ("poudre de houx") having been much vaunted, he proposed to treat with this substance twenty-two patients, but seven had no paroxysm, after admission into the hospital (La Charité); of the remaining fifteen, eight had other slight diseases, such as bronchitis, and were cured without the aid of any specific febrifuge. In four of the remaining seven, the paroxysms became daily more slight without the interference of medicine, and in the other three the paroxysms returned with regularity, and were of an unyielding and fixed character. In these the powdered holly was tried and given to the extent of ʒij for a dose, without any benefit; but on exhibiting quinine speedy cures were obtained. Had the holly been given to the whole twenty-two, it might have had the credit of curing nineteen, and failing only in three, a conclusion manifestly false. He tried salicine in the same way, and found it equally inefficacious, and the whole of his observations have led him to conclude that cinchona bark is the only febrifuge.

2. DISEASES OF THE DIGESTIVE SYSTEM.

Stomach. After noticing that the act of regurgitation is often a normal one, even in man, being the natural means of relieving an overloaded stomach; that it is seen in infants, who by what is called "possetting," expel the superabundant portion of milk from the stomach; that at all ages the stomach is thus enabled to expel gases or the morbid fluid secretions which characterize certain forms of dyspepsia; and that some persons possess the power of regurgitating their solid food, remasticate it, and again swallow it like ruminating animals; Sir H. Marsh§ proceeds to point out that in other instances, regurgitation of food without nausea constitutes a distinct and peculiar disease. Many of the cases observed by the author were evidently of hysterical origin.

The second case given in illustration, is that of a young woman, æt. 26, who previously to being the subject of this stomach affection, had suffered from almost every possible variety of hysteria, and among others, from distressing and obstinate cough occurring abruptly, at the same hour each day, for many months. Some time after this, having been in good health for several months, she was seized with nausea and vomiting to such an extent that scarcely any food remained on her stomach. The nausea ceased in about three weeks, and the food instead of being vomited was regurgitated, and few articles would remain on the stomach. This regurgitating action of the stomach had a periodic character. It was preceded by an oppressive sense of fulness and weight at the epigastrium, which was removed by the ejection of the food. The spine was occasionally, and at various points, slightly tender on pressure. A variety of remedial means were used, and in some instances, with striking though temporary benefit. The last remedies employed were iced coffee internally, and crude ice externally to the epigastrium. In another instance, violent epileptic paroxysms occurring every hour for twenty-four hours, were succeeded, first by diarrhœa, and then by regurgitation of food; and the author has seen several other well-

* *Gaz. Medica di Milano*, Sept. 16, 1843.

+ *Annales de la Soc. de Méd. d'Anvers*, March 1843.

† *Discours d'Ouverture*, &c.; *Gazette des Hôpitaux*, 19 Nov. 1842.

Dublin Journal of Med. Sciences, July 1843, p. 437.

marked instances of the same disease in young children, resulting from innate constitutional delicacy, and coexisting with various disturbances of the nervous system, and of the digestive functions. He has seen instances of it in conjunction with chorea, and remarks that in many cases of whooping-cough, the partial or total evacuation of the stomach, at the close of the fit, is the result, not of the act of vomiting, but of regurgitation. In another class of cases, this peculiar disease holds a prominent position among many symptoms which appertain to obstinate and protracted forms of dyspepsia. Illustrative cases are given.

A case of *pyrosis* occurring periodically in a young girl æt. 12, is recorded by Dr. Eitner.* The fluid was discharged with great force by sudden vomiting, and in enormous quantities. It appeared to collect gradually in the stomach, when pain and oppression of the epigastrium occurred, which were relieved by vomiting. The disease gave way speedily to a mixture containing extract of quassia, with laurel-water and carbonate of potash; a camphorated ointment with laudanum being rubbed over the stomach.

A fatal case of *hæmatemesis* occurring, without any assignable cause in a previously healthy man, is recorded by Dr. Laroche.† The patient, a soldier, who had never been known to complain of any dyspeptic symptoms, was suddenly seized with profuse hemorrhage from the stomach, of pure, florid blood, and speedily died. The stomach was found filled with black blood, but though carefully examined, presented no lesion, except a little softening of the mucous membrane. All the other organs were sound.

Dr. Imray‡ has given an account of the "*mal d'estomac or cachexia Africana*," as seen among the negroes of Dominica; from which it appears that there is nothing peculiar in the pathology of the affection. The chief characteristics seem to be derangements of the functions of digestion and assimilation. The mucous membrane of the stomach and intestines was sometimes merely bloodless, at other times it was softened, whilst occasionally there was ulceration with scirrhus thickening near the pylorus; the mesenteric glands were frequently enlarged and "diseased." Dr. Imray's treatment consists in the exhibition of ferruginous tonics, combined with antacids.

Dysentery has been epidemic in various districts of France during the period comprised by this Report. M. Peysson§ (military surgeon at Lyons) is convinced of the superiority of venesection over every other mode of treatment. He employed it successfully in 1840, in more than 300 cases, but no mention is made of the number of fatal cases. M. Senac, of Lyons, bears testimony to the success of this mode of treatment.

M. Labarthe ("aide major" of M. Peysson)|| details with the utmost brevity, eighty-six cases occurring under the care of M. Peysson. Seventy-three of these are given in about the same number of words, eight are detailed more fully, but very imperfectly. Fourteen cases were admitted into hospital in the month of June, twenty-three in July, and forty-four in August. The mean time that the disease had existed before admission into the hospital was seven days. All were soldiers. The treatment consisted principally of general bleeding, cupping, leeches, mucilaginous drinks, and mixtures, frequently containing opiates, emollient lavements, and poultices to the abdomen. The quantity of blood drawn, at first, was, in thirty-five cases, 20 oz.; in twelve, 18 oz.; in nine, 16 oz.; in nine, 15 oz.; and in sixteen, the quantity is not mentioned. A second bleeding was adopted in twenty-three cases, and a third in three cases. Opiates were administered to sixteen or seventeen. The average time passed in the hospital was seventeen days. Three patients died, or 1 in 25; and five re-

* Medicin. Zeitung, Feb. 22, 1843.

† Archives Gén. de Méd. Fev. 1, Sec. 4, p. 362.

‡ Edinburgh Medical and Surgical Journal, No. 155.

§ Gazette des Hôpitaux, Sept. 20, 1842; from Bull. de la Soc. de Méd. de Toulouse.

|| Bulletin de l'Acad. Roy. de Méd. 15 et 30 April 1843.

quired leave of absence from the army for convalescence. [This treatment, by no means new, was practised by Cleghorn at Minorca, in 1744-49; and by Lamoricière at Lyons, in 1625, as well as by others.] The epidemic prevailed in many of the communes of the Loire Inférieure, and raged with great intensity at Ebray, near Chateaubriant, where many died. M. Aubrée* treated twenty-seven cases and cured twenty-five. His treatment consisted in the administration of an emetic, and subsequently of an infusion of bark with gummy extract of opium, three times a day, and the following pills: R. camphoræ, 23 centigr.; extr. opii gumm. 15 centigr.; extr. cinchonæ, 2 grammes; M.f. pil. viij: S. j. horâ somni. The patients had a tisan of althæa (palustris?), for drink, emollient poultices to the abdomen, and lavements of linseed and mallow were used daily. M. Aubrée ascribes the epidemic to ergot of rye, more or less of which he states entered into the composition of the rye bread of the peasants.

In the epidemic as it prevailed near Bordeaux in 1842, M. Chabery† tried the antidysenteric emulsion of Bouchardat (Annuaire de Thérapeutique, 1841,) which consists of a decoction of Iceland moss made into an emulsion with poppy seeds, to which are added syrup of poppies and syrup of quinces. From this, preceded by antiphlogistic treatment, he derived good results. But its dearness led him to try a decoction of acorns, previously slightly roasted. This he found exceedingly useful in both the acute and chronic forms of the disease, especially in children. MM. Masselot and Follet,‡ in a lengthy memoir, have described the epidemic as it reigned during the months of August, September, and October, 1842, at Versailles. They came to the following among other conclusions: That the disease is not an enterocolitis, but a general affection of the whole system, depending on a cause allied to marsh miasm. The intestinal ulceration which is always present, after the sixth day, is not due to inflammation, but to softening of the mucous membrane, or gangrene. False membranes in the alimentary canal are never met with in the acute stage. The treatment has yet to be sought. An epidemic presenting an adynamic character, prevailed in the autumn of 1841, in the district of Salzburg, and has been described by Dr. Wittmann of Radstadt.§ Its duration was two and a half months, and the number attacked 263, of whom 203 recovered and 60 died. In one case dropsy of the cerebral membranes occurred and gave rise to severe tetanic symptoms. Post-mortem examinations revealed inflammation and ulceration from the rectum through the colon and cæcum and even into the small intestines. The treatment consisted of tonics, especially the stimulant, emetics, alteratives, and counter-irritants, but neither mercury nor venesection was employed.

Peritonitis, Strumous. Sir H. Marsh, Bart., and Dr. F. Churchill,|| have detailed several cases of strumous peritonitis, with effusion, and given some valuable remarks on the diagnosis and treatment of the affection, which, they observe, sometimes assumes an acute character, but is more frequently met with in the chronic form, in which the early symptoms are very obscure. It is said [contrary we believe to the generally received opinion] oftentimes to yield to judicious treatment, if early detected. It is confined to persons of from three or four to about thirty years of age. In many cases the fluid is limpid and serous, and may be wholly absorbed, and leave but few adhesions. The gradually increasing distension of the belly has, in more than one instance, been mistaken for pregnancy. [Their observations do not confirm Louis' statement, that when occurring in adults, the lungs always contain tubercles. He affirms that the existence of tubercular peritonitis alone will justify the diagnosis of pulmonary tubercles, though no pulmonary symptoms may be present.] In two of the cases detailed by Sir H. Marsh, occurring in adults, it is distinctly stated that the lungs were free from all traces of tubercle. Attention to the history of the case, and to the early symptoms, affords the chief means of diagnosis.

* Gazette des Hôpitaux, Nov. 1, 1842.

† Archives Gén. de Méd. p. 147, et ante 1843.

‡ Dublin Journal of Medical Science, 1 March, 1843.

+ Bulletin Gén. de Thérap. 15 et 30 April, 1843.

§ Med. Jahrbuch. d. Oester. Staats. Nov. 1842.

Diarrhœa is a very frequent accompaniment, at first often the main symptom, and should not be suddenly checked by astringents, but is best treated by leeches, blisters, fomentations, and anodyne enemata. The remedies of most importance are topical bloodletting, blisters, diuretics, mercury, and iodine. When the most acute symptoms have thus been subdued, diuretics, particularly *inf. digitalis*, with nitrate of potash, are of great use. "But of all the curative agents we possess, that which is most valuable is mercury; of all diuretics it is the best: in some cases it must be resorted to at once, in others it is necessary as a preparatory step, to subdue the more acute symptoms by detractions of blood." It is best introduced by inunction, and is sometimes with advantage conjoined with iodine. Iodine internally is occasionally useful, particularly when it acts as a diuretic; and for this purpose it should be associated with *liq. potassæ*. Sir Henry thinks the opinion that mercury is inadmissible in strumous disease in general, not well founded. Dr. Churchill confirms the utility of the treatment recommended by Sir H. Marsh; [and his statements respecting the symptoms and diagnosis correspond with Abercrombie's.] "In those cases where there is no pain and but slight tenderness, with little disorder of the digestive organs, the principal guide to diagnosis is the enlargement of the abdomen, which ultimately always occurs, and the fluctuation which, by a little care, may always be perceived." A case recorded by Dr. O. B. Bellingham* offers a good illustration of the obscurity of the symptoms. The patient, a woman æt. 26, presented as the only constant symptoms, a tumid state of the abdomen, quick pulse, emaciation, and a dry but not coated tongue, redder than natural at the tip. The case proved fatal by perforation of the walls of the intestine. Numerous tubercles, and some lymph were found on the peritoneum, but *the lungs were quite healthy*. Dr. Meredith Clymer† contends that the evidence at present collected, does not justify the conclusion to which Sir H. Marsh has arrived, that mercury is the chief remedy. In a paper by Dr. A. Toulmouche of Rennes, will be found some further observations on this subject, especially with reference to the causes of the difficulty of diagnosis.‡

Ascites. In M. Velpeau's researches§ on the physiology and pathology of the shut cavities of the body, will be found some experiments on the injection of dilute solutions of iodine into the abdomen, with a view to determine how far this procedure might be adopted for the radical cure of ascites. A remarkable case of ascites is related by M. Cann of Yvetot.|| The patient, a female servant, when 36 years of age, had an attack of entero-peritonitis, which passed into a chronic state, and three months after, the urinary secretion became suppressed, and ascites supervened. From this time, it became necessary to tap her occasionally, to relieve the extreme oppression of breathing. The peritoneum after the operation could be felt to be uneven, tuberculated, and hard. After tapping his patient every six, eight, ten, or twelve days, during a period of fifteen years, M. Cann determined to try pressure by means of card-board passed round the abdomen between folds of linen. This the woman could not endure for more than three days, but from this time the urine became more abundant, and the fluid in the abdomen accumulated less rapidly, so that the intervals between the operations were gradually extended; the last amounting to six months. From this time the patient continued well, gaining flesh and strength. Some enlargement of the abdomen, however, remained, and glandular (fleshy) masses could be felt over different parts, especially over the colon. During a period of sixteen years, the patient was tapped 886 times, and a quantity of fluid was removed, estimated at the enormous quantity of 173 hectolitres and 30 litres, [or upwards of 3812 gallons, imperial measure!]** Professor Gintrac†† has de-

* Dublin Medical Press, July 5, 1843.

† Gazette Médicale de Paris, Nos. 35 and 49, 1842.

‡ Bulletin de l'Acad. Roy. de Méd. t. viii, p. 77.

** See also a fatal case of enormous hydropic distension of the abdomen, which contained fifty-nine pints fluid imperial measure, by Sir D. Dickson; Edinb. Med. and Surg. Journal, Jan. 1843.

†† Journal de Médecine de Bordeaux, Jan. 1844.

† Philadelphia Med. Examiner, Nov. 11, 1843.

§ Annales de Chirurgie, April and May, 1843.

tailed a case of ascites [presenting many points of interest] produced by ossification and obliteration of the vena portæ. All the abdominal veins which ended in the splenic and superior mesenteric veins were gorged with blood. The liver was pale and irregularly wrinkled or mammillated, and the gall-bladder contained a moderate quantity of thickish bile. M. Gintrac concludes that though the obliteration of the vena portæ modifies, it does not prevent, the secretion of bile; but that it materially interferes with the nutrition of the liver. Dr. Debavay* relates a case of peritoneal dropsy succeeding to puerperal peritonitis, and treated with various remedies with but temporary relief. The abdomen remained tense, hard, and presented a distinct sense of fluctuation. The abdominal organs appeared sound, and the general health was good. Dr. Debavay, determining to try the effect of arsenic, gave $\frac{1}{10}$ of a grain night and morning, in the form of pill. After some days, when three pills a day were taken, it was necessary to suspend them in consequence of colic pains and diarrhœa. They were, however, again resumed, one or two being taken per diem. At the end of six weeks, the abdomen was less tense, and diminished in size; the urine more limpid, and increased in quantity. The skin, before dry, became soft and moist. The arsenic was continued, at intervals, for six months, when all symptoms of dropsy had disappeared.

Constipation and Ileus. Several remarkable cases of protracted constipation have been recorded. One related by Mr. Chalmers, of the Cape of Good Hope,† occurred in the person of a young woman æt. 20, who for three years was unable to empty the bowels without artificial aid; and indeed from her birth required the introduction of a piece of soap, or some other means to procure an evacuation. For three years the appetite was so impaired that all were astonished that life could be supported with so little food. There appeared to be some obstruction in the sigmoid flexure of the colon; but feces in the rectum were never discharged without some artificial aid. During four months only two evacuations were obtained. At the date of the last report, the constitutional powers were beginning to give way. Dr. J. Johnson‡ related to the Westminster Medical Society an instance in which the constipation, induced by scirrhus of the rectum, lasted forty-five days. Dr. Barne's tube could not be introduced, and all medicines failed to produce any effect. All ingesta were vomited, but there was no stercoraceous vomiting. The constipation set in suddenly. Half a pound of fluid mercury which had been given five days before death, could not afterwards be discovered in the intestines. A similar case is recorded by Mr. Wallis, of Castle Cary,§ in which the constipation lasted forty-three days.

Three cases of *obstructed intestine and recovery after fecal vomiting* are recorded: one by Sir George Lefevre,|| in a girl æt. 11, who recovered after the ninth day of obstruction, by spontaneous evacuations from the bowels, attended by much vomiting of dark green matter; and a second by Dr. Mayo,** in an old lady, who recovered after fecal vomiting of seven days, on passing a large intestinal calculus. A third case is related by Dr. Staal,†† in which, after the occurrence of stercoraceous vomiting, the patient was completely relieved by the injection of gr. iv. extr. belladonnæ in gruel. Narcotic symptoms ensued, with speedy fecal discharge, and the patient was well in two days. Dr. Kosching relates a case of *ileus*, occurring to a man whilst loading a waggon, in the course of which he had frequently to mount and jump down. The lower extremity of the ileum was found simply twisted once, on itself, and when untwisted was quite pervious. The surrounding intestines were much distended with gas, and slightly reddened. [Would not crude mercury probably have saved this man?] M. Heldenbergh‡‡ states that in a case of ileus, in which constipation had lasted six days, and the symptoms had become threatening, evacuations, and complete relief were obtained by five-grain doses of sulphate of quinine, repeated

* Gazette Méd. de Paris, 9th March, 1844.

† Lancet, Nov. 26, 1842.

** Med. Gaz. May 3, 1844.

§ Ib. Dec. 17, 1842.

†† Oppenheim's Zeitschrift, Feb. 1844, p. 253.

‡‡ L'Expérience, March 21, 1844; from Bull. de la Soc. de Méd. de Gand.

+ Med. Gazette, Sept. 30, 1842.

|| Med. Gazette, vol. ii, 1843-4, p. 26.

every half hour, for thrice. The constipation returning, was again relieved by quinine.

Tympanitis. In a case in which intestinal disorder was attended by great tympanitic distension of the bowels, M. Levrat (ainé de Lyon)* had recourse to paracentesis of the small intestine over the most salient point. The operation was performed with a trochar of the size of a stocking-needle [apparently similar to Dr. Babington's,] and gave immediate relief. Fifteen days afterwards the patient was about his business. In the case already referred to of so-called gangrene of the lung, terminating by perforation of the diaphragm and peritonitis, which was attended by great tympanitic distension of the abdomen, the peritoneum was four times punctured with considerable temporary relief.†

Recovery after perforation of the ileum in fever. In a case of fever, occurring under Louis'‡ care in the hospital Beaujon all the symptoms of perforation in the vicinity of the ileum occurred on the 10th or 12th day of convalescence. The patient recovered after [certainly not in consequence of] treatment, which consisted of *enemata*, leeches to the abdomen, and three small doses of morphia.

Liver, fatal spontaneous hemorrhage from. Dr. Leveux (fils)§ in a memoir on lesions of the abdominal organs, considered as the causes of sudden death, has related a remarkable example of sudden death from hemorrhage from the liver without effusion into the abdominal cavity. A custom-house officer, aged 43, having always enjoyed and being, at the time, apparently, in perfect health, after having been actively employed all day, dined with his fellow-officers, and dropped suddenly dead. Nothing in the head or chest could be detected to account for death. The abdominal organs were, however, all gorged with blood, and the liver enlarged, but its external aspect natural. Internally, it presented all the characters of incipient putrefaction, both as regards colour and density, was readily broken by the finger, and gave exit on each incision by the scalpel to a large quantity of blood. The gall-bladder, duodenum, and small intestines were filled with blood of the aspect of wine lees. The stomach contained a large quantity of food mixed with a blackish liquid, of a nauseous smell. The large intestine was distended with gas. No ulceration or rupture of any part was detected. M. Leveux considers the case as a species of apoplexy of the liver, the blood having been discharged by the biliary ducts into the duodenum, &c., without rupture of the liver. The following case is recorded by Dr. James Abercrombie.|| A lady who, during her pregnancy, had suffered from dyspeptic symptoms, was suddenly seized, soon after delivery, with pain in the right hypochondrium, followed by symptoms of collapse, threatening immediate death. There was no uterine hemorrhage, nor could any satisfactory cause be assigned for the symptoms, which gradually subsided, so far that she lived till the following day, when an attack of shivering supervened, and was followed by vomiting, and all the symptoms of collapse of the previous day. In twelve hours after she died. On laying open the abdomen, a large sac presented itself, occupying the superior and anterior surfaces of the liver. On attempting to remove this organ, about lb. ij. of fluid and coagulated blood escaped, and two small openings, about an inch apart, were detected in the liver, through which the blood had escaped from a branch of the vena portæ. The sac proved to be the peritoneal covering, which had been detached by the effused blood. The liver was throughout diseased, mottled, and exceedingly friable. The uterus and all the other viscera were perfectly sound.

Liver, tumour connected with. Mr. Barlow, of Writtle,** Essex, relates a case in which, after injury, the patient suffered from pain in the region of the liver, with symptoms of collapse. Two days after, the motions were white and the

* Bulletin de l'Acad. Roy. de Méd. t. ix, p. 9. † Journal des Connais. Med.-Chirurg. Nov. 1, 1842.

‡ Archives Gén. de Méd. p. 74, 1843.

§ Annales de la Chirurgie, Fr. et Etr., in L'Expérience, April 25, 1844.

|| Medical Gazette, Sept. 13, 1844.

** Ib. May 24, 1844; Roy. Med. et Chir. Trans.

urine dark, as in jaundice. A swelling gradually appeared over the region of the liver, which at length, from its size, produced so much distress, that it was punctured, and seven quarts of fluid discharged with great relief. The fluid had all the appearance of pure bile, and the analysis of subsequent tapings proved it to be so. The man was tapped four different times subsequently; on the last occasion the tumour was not emptied, and pain was felt; but on the following day bile appeared in the stools, the urine became paler, the swelling gradually subsided, and the patient recovered. [? Distended gall-bladder, or effusion of bile behind the peritoneum, from rupture of the liver.] An example of fatty liver, unconnected with scrofula, is related by Dr. Watson in a clinical lecture.*

Biliary calculi, jaundice, &c. M. Duparcquet† considers clonic spasms of the right hypochondrium, extending down the side and followed by convulsive movements of the muscles, pathognomonic, of impacted biliary calculi. In four cases out of thirteen in which retention of bile was produced by this cause, the above symptom was present, and he has met with it in no other disease. His remedy (Durand's) is a mixture of ol. ricini and æther. In a case of jaundice related by Dr. Graves,‡ the only lesion discovered after death was inflammation of the mucous membrane of the gall-bladder. The attack commenced with pain in the right hypochondrium, extending towards the epigastrium, to which succeeded the usual symptoms of icterus. The pain was persistent, and the patient saw everything of a yellow colour. Death was preceded by delirium and coma. The lining membrane of the gall-bladder was the seat of intense inflammation, and covered with coagulable lymph, but the inflammation did not extend to the ducts. Dr. Seeger§ reports the case of a woman previously healthy, who after suffering from colicky pains and tenderness of the right hypochondrium, presented a tumour at the umbilicus, from which were discharged for a length of time a number of gall-stones.

Pancreas. Dr. Claessen's treatise on diseases of the pancreas|| contains a vast amount of materials for the elucidation of diseases of that organ. In reference to diagnosis, he states that though in thirty cases there was a watery discharge from the mouth, he objects to the inference that this intimates either increased pancreatic secretion or vicarious action of the salivary glands. He rather refers it to the stomach, more particularly as the pyrosis was frequently associated with vomiting and other evidence of gastric disturbance. He therefore, places no confidence in the diagnostic value of pyrosis. Pain and costiveness are frequent symptoms of pancreatic inflammation. Dr. Batersby** has also collected a great deal of valuable information on the obscure subject of pancreatic disease. In one of the cases detailed by himself, the diseased pancreas was at first mistaken for aneurism of the aorta; and in a second case, disease of the pancreas was diagnosticated by some German physicians attending Dr. Graves's clinique, from the extreme moisture, cleanness, and macerated appearance of the tongue and mouth generally. In the former cases the same state of tongue existed, and there was also salivation. Dr. B. alludes particularly to the diagnostic importance of both salivation and pyrosis, and of the sympathy existing between the buccal and abdominal salivary glands.

Spleen, removal of. M. Berthet de Gray†† relates the following case. A middle-aged man received a wound in the side, through which the spleen eventually protruded, and becoming gangrenous, was removed. The man recovered and lived thirteen years, enjoying sound health, his digestion being usually good. After death, produced by pneumonia, all that remained of the spleen was found to be a small portion of the size of a filbert, adhering to the stomach. Mr. Eagle‡‡

* Provincial Medical and Surgical Journal, Nov. 4, p. 106.

† Revue Médic. April 1844, p. 506.

‡ Dublin Journal of Med. Science, Nov. 1843.

§ Oesterreich. Med. Woehens. Feb. 4, 1843.

|| Die Krankheit. d. Bauchspeicheldrüsen, van D. H. Claessen; Köln, 1842.

** Dublin Journ. of Med. Sciences, May 1844.

†† Lancet, Oct. 8, 1842.

‡‡ Séance de l'Académie Royale de Médecine, 9 Juillet, 1844.

asserts that fattening and cicatrization of the tubercles were the results of the removal of the spleen in his experiments on rabbits affected with tubercle (?) of the liver and marasmus; he therefore proposes to tie the splenic artery in patients moribund from inanition, arising from disease of the nutrient circulation, rather than from structural disorganization, as in some cases of phthisis and marasmus!!

3. DISEASES OF THE RESPIRATORY SYSTEM.

Bronchitis, &c. An epidemic catarrh prevailed at Nantes in 1840-41, of which an account, as it was observed in the Hôtel-Dieu of that city, has been given by M. Mahot and his colleagues.* It attacked principally the soldiers of the garrison, and especially the young recruits. It appeared under two forms: one simple, analogous to the influenza—the other a “suffocative capillary bronchitis,” a very severe disease, having the following characters: 1, succeeding to an attack of acute catarrh; 2, expectoration of thick yellow sputa; 3, extreme acceleration of the pulse; 4, death supervening suddenly on any movement of body; 5, softness of the substance of the lungs, and an abundance of whitish, or yellowish mucopurulent matter in all the bronchi, sometimes with lobular, or simple pneumonia. An account of a similar epidemic, which prevailed in Paris in the spring of 1840, has been given by H. Lasserre.† It was observed by him in La Pitié hospital under Piorry. Of thirty-one cases, two terminated fatally. Tartar emetic was the medicine chiefly relied on. From the thesis of M. Foucart,‡ the disease appears to have consisted in an acute inflammation of the smaller bronchi, going on to purulent secretion, but not producing hepatization, and to have corresponded closely with the “catarrhe suffocante” of Laennec. A well-marked case of *hay asthma* is recorded by Mr. Cheyne,§ in which the wife of a stable-keeper (whose lofts were filled with hay just brought in, and having an unusually powerful odour) received no relief from ordinary remedies, but who was speedily relieved of all the distressing symptoms on removing to lodgings, only one hundred yards distant. M. Gerard|| calls for farther attention to the efficacy of *emetics in the early stage of acute bronchitis*. In several cases that he adduces, in which the pulse was upwards of 100, and considerable pyrexia was present, all the febrile symptoms rapidly subsided, after two or three emetics of ipecacuanha and tartar emetic.

Foreign bodies in the bronchi. The interest excited by the case of Mr. Brunel has brought to light many curious facts relating to the introduction of foreign bodies into the bronchi, and given rise to much discussion on the treatment of such cases. Mr. Brunel's case has been detailed by his medical attendant, Sir B. Brodie, before the Med. Chir. Society.** On the 3d of April, while playing with a half-sovereign, the coin slipped behind the tongue, and passed into the larynx. This was followed by a fit of coughing, severe sense of choking, and vomiting. On the 6th and 7th the cough returned, and after exposure to cold, became worse, and was attended by the expectoration of mucus and a little blood. Pain in the right side of the chest was now complained of. On placing himself in an inverted position over the back of a chair, a loose substance was felt to be dislodged, and passed up to the larynx, when the pain in the chest was relieved. Nothing abnormal could be detected by the stethoscope. On subsequently inverting the body (by means of a machine on which the patient was laid, and by which either the head or feet could be elevated at pleasure,) and striking the back, the cough suddenly became so violent and the sense of choking so severe, that it was deemed prudent to desist. On the 27th tracheotomy was performed, and on two occasions it was attempted to remove the coin by the forceps, but the convulsive coughing thus excited rendered the attempt vain. On the

* Relation d'une Epidémie de Bronchite, &c., Nantes, 1842.; reviewed in Bull. Gén. de Thérap. 15 et 30 Oct. 1842.

† Gazette des Hôpitaux, Oct. 27, 1842.

‡ Archives Gen. de Méd. Oct. 1842.

§ Med. Gazette, Dec. 2, 1842.

|| Arch. Gén. de Méd. i. iii, 1843, p. 195.

** Lancet, vol. iv, 1842-3, p. 480.

13th of May the aperture in the trachea having been kept open, the body was again inverted on the plane, and the back being struck two or three times, the coin passed into the mouth, and fell against the incisor teeth; a little blood was passed at the time, but there was no cough nor any convulsive distress, such as had before occurred. From this time he rapidly recovered. The following cases may also be referred to. A case in which tracheotomy was performed, and a stone was removed from the right bronchus of a child *æt.* 6, by means of slightly curved polypus forceps. No respiration could be heard over the right lung previously to the operation.* A case in which a beech mast was retained in the air-passages for nine years and a half, and the patient, a girl *æt.* 16, recovered after its spontaneous ejection. The symptoms had been cough and periodical discharge of pus, but none of the constitutional symptoms of phthisis. The growth and development of the frame had, however, been arrested.† A successful case of tracheotomy in a boy, *æt.* 5, who had swallowed a plum-stone, which was expelled during a fit of coughing, through the opening in the trachea.‡ [The conclusion to be drawn from these and other cases alluded to in the course of the discussions that have taken place, is certainly in favour of the performance of tracheotomy.]

Lungs, abscess of. M. Aran§ has published a valuable memoir on abscess of the lungs, under which designation he comprises every collection of pus, in an accidental or abnormal cavity, formed at the expense of the organ, by the separation or destruction of its molecules, from whatever cause it may originate. He, therefore, divides pulmonary abscesses into—1, Phlegmonous; and, 2, Metastatic, or symptomatic; placing in the former category those which succeed to softening of tubercles. He then proceeds to point out the rarity of the true phlegmonous abscess, and refers to most of the recorded cases, distinguishing the forms presented. In describing the anatomical characters he notices the fact that gangrene of the lungs is sometimes only a consequence of abscess, quoting an example from Andral (*Clin. Méd.* t. ii, p. 299,) and giving an analogous case observed by himself. In fourteen of twenty-four cases the abscess was seated in the right lung [as might be expected, from the greater frequency of pneumonia of the right lung,] in six in the left lung, and in two both lungs were affected. In ten cases the upper lobes were the seat of the abscesses, and in five the lower. [One, among other proofs, that might be adduced to show that pneumonia of the upper lobes is not so rare as has been represented.] The abscesses are generally covered by a layer of pulmonary tissue, and are seldom deeply seated. The following are the ages of 28 patients:—2 under 20; 12 between 20 and 40; 9 from 40 to 60; and 5 from 60 to 70. 11 were women and 17 men. The majority had had their health deteriorated by excess of work or previous sickness; but a certain number were of strong athletic constitution and sanguineous temperament. [The author of this Report once met with a pneumonic abscess in a child between three and four years of age, who died of croup, with which the case was complicated. The abscess occupied the centre of the upper lobe of the left lung. The surrounding lung was everywhere permeable to air, except the portion forming the walls of the abscess and that which intervened between it and the pleuræ separating the two lobes, which were adherent from pleuritic inflammation. No tubercles existed, and the contents of the abscess consisted of pure pus.] *The diagnosis* of pulmonary abscess M. Aran considers impossible, so long as no communication exists with the bronchi or pleura. Afterwards the diagnosis between this lesion and tubercular cavities, or those resulting from pulmonary apoplexy and dilated bronchi, is to be determined—1, by the seat, in the middle and inferior parts of the lung [? see above;] 2, the presence of bronchial respiration and crepitant râle around the excavation; 3, the slow progress of the disease; 4, the continuance of embonpoint and strength; and, lastly, by the previous existence of pneumonia. M. Aran at-

* *Provincial Med. and Surg. Journal*, Sept. 2, 1843, by Edwin Casson.

† *Idem.*

‡ *Idem.*

§ *Gazette Médicale de Paris*, Sept. 24 and Oct. 8, 1842.

tempts to show that cicatrization of pulmonic abscesses is not so rare as represented, by stating that of 59 cases which he has collected, 29, or about half, thus terminated! He adduces one tolerably satisfactory case, occurring under his own care. His observations on the treatment and on the other forms of the disease, offer nothing new or interesting.*

A case of *gangrene of the lung*, terminating favorably, is recorded by Dr. A. Szerlecki,† which, though well marked in so far as respects the existence of gangrene, does not justify the designation given to it of idiopathic gangrene, unprecedented by pneumonia. The favorable result is attributed to the use of acetate of lead and opium. A less satisfactory case, as regards the diagnosis, is given by Dr. Zurkowski,‡ in which the cure is attributed to acetate of lead, creasote, and galbanum. In connexion with this subject, reference may also be made to a curious case detailed by Professor Romig, of Grau,§ in which portions of healthy lung were expectorated. The patient, æt. 34, had for some years been subject to moist cough, unattended by pain. In the course of an anomalous illness, characterized chiefly by abundant hemorrhage from the bowels, cough and dyspnea came on, and during a violent fit of coughing he brought up a portion of apparently healthy pulmonary substance, one inch and a quarter long and half an inch broad and thick, of the colour and appearance of healthy lung, and which swam in water. On the following day another similar but smaller portion was expectorated. Reference is made to a similar case recorded in the second number of the *Central Zeitung*, by Dr. Joel, of Berlin.

Pleurisy, Diagnosis. The existence and characters of bronchial respiration in connexion with pleuritic effusions have attracted much attention in France. That the sound of respiration is not obliterated in pleurisy has been maintained by M. Hirtz, Andral, Cruveilhier, and many others. M. Monneret has given his experience on this subject.** The sound, he says, in most cases resembles that of expiration as heard under the clavicles in different stages of pulmonary phthisis. Usually the inspiratory sound is scarcely appreciable, and the abnormal sound accompanies expiration only. When both inspiration and expiration are heard, the latter is always the most intense. Though, in many cases, the “souffle” of pleurisy differs from that of pneumonia, it presents various shades, and cannot be distinguished by its “timbre” alone. It is usually heard over the inferior angle of the scapula and its lower third, or even as high as the spine of the scapula, and along its inner border. Wherever the tubular souffle of pleurisy is heard, ægophony (not brochophony) is also present (?) and dullness on percussion extends as high as the spine of the scapula. Five cases are given, corroborating the above statements, and in which the true symptoms and signs of pneumonia were absent, and the treatment such as would not have proved sufficient in pneumonia.

M. Netter†† also states that he has found bronchial respiration to be a frequent phenomenon in pleurisy, and points out the intimate connexion between ægophony and the pleuritic “souffle,” the latter being as constant as the former. In every case in which ægophony was present, the bronchial murmur accompanied expiration, and was sometimes feeble, of short duration, and metallic in its character. The latter circumstance he considers important, as explaining the nature of ægophony. He rejects Laennec’s explanation of this phenomenon, which he states he has met with when the fluid effused was considerable. He in fact believes it to be dependent on the bronchial murmur, and affirms that the former is the more trembling, and stuttering, in its character, in proportion as the latter is stronger. Dr. Chambers, of Colchester,‡‡ has found “a gentle gurgling sound,” as if produced by the rolling or displacement of a fluid, to be

* See also a case of extensive purulent infiltration and abscess of the right lung, in *Provincial Medical and Surgical Journal*, Oct. 8, 1842.

† Schmidt’s *Jahrbücher*, No. xi, 2 11eft, 1844.

‡ Ibid. same date.

§ *Allg. Med. Centr. Zeitung*, Oct. 29, 1842.

|| *Archives Gén. de Méd.*, 2de Ser. t. xlii.

** *Gazette Méd. de Paris*, Dec. 31, 1842, and *Gazette des Hôpitaux*, 1 Nov. 1842.

†† *Gazette Méd. de Paris*, 6 Jan. 1843; *Archives Gén. de Méd.*, March, 1843. ‡‡ *Lancet*, May 4, 1844.

an invariable attendant of pleuritic effusion. It is most readily detected in the reclining posture. M. Damoiseau* insists on the importance of a friction sound occurring on the absorption of the liquid, as diagnostic of its disappearance, and which sound he states, is preceded by a crepitus resembling that of pneumonia. Dr. Levy, of the Val de Grace, confirms most of M. Netter's statements.†

Dr. Zechmeister,‡ from observations made on a number of cases [how many he does not say] concludes that the decubitus of pleuritic patients is of no diagnostic value, though he states that in the acute stage, when there is much pain and fever, they always lie, either on the sound side, or inclining to the sound side; and in the opposite postures, in the later stages, when there is no pain either on pressure, or from the thoracic movements.

Empyema, Diagnosis of. Mr. M'Donnell's 'Contributions to the Diagnosis of Empyema with cases,'§ are exceedingly valuable, and contain new and important views of several points connected with this affection, which claim careful attention. The first part of his paper contains three cases, two original and one reported by Dr. Croly, (Medical Press, vol. 8, p. 135) of 'Pulsating Empyema of Necessity.' These cases, "perfectly new in the history of empyema," presented "large pulsating tumours in the situation usually occupied by the apex of the heart," which organ, in all the cases, "was dislocated to the right of the sternum." The tumours were, in fact, abscesses formed by purulent matter effused from the pleura, and making its exit in the vicinity of the heart. This organ, pushed out of its normal position, pulsated strongly and equally against the walls of the abscesses, the contents of which being fluid and of equal density, communicated a uniform diastolic impulse, without thrill, or bruit de soufflet, to all the surrounding parts, but most intense nearest the source of pulsation. In two of the cases, besides the tumour in the situation of the heart's apex, others existed posteriorly, between the tenth and eleventh ribs, which, from their size (that of a hen's egg), situation, and more feeble pulsation, were more likely to lead to the supposition of aneurism. The remarks which Mr. M'D. makes on the co-existence of purulent expectoration, with empyema, are important. In his first case, the patient having been labouring, for some time, under severe diarrhœa, expectorated in the course of one day, as much as a pint of greenish pus, and the diarrhœa was suddenly checked. On examination, post mortem, no trace of communication could be detected between the sac of the empyema and the bronchi, the lining membrane of which was perfectly sound, and free from all signs of inflammation. He therefore considers the case as offering an illustration of vicarious action of the mucous membranes of the lungs and intestines, by which an evacuation of pus is effected, and a corresponding diminution of the empyema occurs. "Purulent expectoration, of frequent occurrence in empyema, is often indicative merely of an effort of nature to get rid of the purulent collection by the readiest outlet." On the condition of the sound lung it is observed, "that though true bronchitis sometimes occurs, when the lung of the affected side is so compressed and bound down by adhesions as to be unable to take any part in the respiratory process;" "not infrequently, mere congestion of the mucous membrane will give rise to all the *physical signs of bronchitis*, or some of the stethoscopic signs of pneumonia, to which too much importance should not be attached." It has been generally supposed that the only way in which the *liver* is engaged in empyema, is by being depressed mechanically, when extensive effusion of the right side exists; and its condition in empyema of the left side has been overlooked. Mr. M'D. takes a no less new, than ingenious view of this subject. Epigastric and hypochondriac tumours occur in empyema of the left side, as well as of the right; and in both cases are to be ascribed not so much to mechanical displacement (which is not denied,) as to actual enlargement of the liver, from congestion, "*analo-*

* Archives Gén. de Méd. Oct. 1843.

† Gazette Méd. de Paris, 6 Jan. 1843.

‡ Oesterreich. Med. Wochen. April 1, 1843.

§ Dublin Journal of Med. Science, March, 1844.

gous to what takes place in morbus cordis, and diseases of the lungs, attended with imperfect aëration of the blood." [The accounts given of the state of the liver by many authors (who have not taken this view of the subject) are confirmatory of Mr. M'D.'s views, which are certainly consonant with established laws.]

Dr. Krause,* who has supplied a good summary on the whole subject of empyema, and many valuable tables, illustrating various statistical points, though he remarks that disease of the liver is but a rare attendant on empyema, by his statements in reference to that organ, where its condition is mentioned, certainly confirms Mr. M'D.'s views. Some curious instances are given by Dr. Krause, of the modes in which the purulent collections are sometimes discharged. In one case, the matter made its exit through a small opening in the diaphragm, passed along the side of the lumbar vertebræ, and was discharged under the form of psoas abscess, beneath Poupart's ligament. In another, a communication was established between the intestines and the chest; and fecal matter introduced into the thorax. In reference to the artificial discharge of pleuritic effusions, and the circumstances calling for the performance of paracentesis thoracis, opinions continue to be much divided. Dr. Krause is decidedly against having recourse to the operation at an early period, and considers it much more likely to be useful when the tendency to inflammation is abated.† Dr. Hamilton Roe‡ states, that on a review of thirty-nine cases recorded in the British journals between the years 1812 and 1842, he found that only eleven had died. Twenty-four cases fell under his own observation, the results of which led him to conclude that the operation is as free from danger as any other performed on the human body, and that it is usually successful when employed early, either in empyema or inflammatory hydrothorax: the common cause of failure being the late period at which it has been performed. His experience has led him to associate bulging of the intercostals with purulent effusion, and non-bulging with the effusion of serum. Of twenty cases, on which the observations of Dr. Hughes and Mr. Coek§ are founded, seven were completely cured; three recovered partially; nine died (six of whom were phthisical); in one the fluid was not reached by the trochar; another was sinking at the time of the operation; and in the remaining case, death occurred suddenly, (there being hydrothorax of the opposite side); one case was still under treatment. In no instance could the fatal event be said to have been hastened by the operation. In doubtful cases the use of Dr. Babington's exploratory trochar is recommended. Dr. Theophilus Thompson records a successful case after repeated punctures, in a boy æt. 5;|| and Dr. Gadechens in a boy æt. 3.** Two cases are related in which electro-puncture was tried; in one a very marked and rapid absorption of the fluid took place after two or three applications of the remedy.††

Pneumothorax. Dr. Hughes's essay on this subject‡‡ contains a brief general history of the affection, founded on already published cases, especially those which have occurred in Guy's Hospital, with critical remarks on the more important phenomena. His principal conclusions are, that pneumothorax has not been proved to arise from other causes than a communication of the pleura with the external air;—that it may occur as a consequence of phthisis with a very small, or without any cavity in the lung;—that it may take place without the occurrence of any symptoms by which the period of the accident can be fixed;—that the greater the amount of disease in the lung, and the more extensive the adhesions of the affected side, the less marked and characteristic are the indications of the disease;—that it is not insusceptible of cure, and in some cases, of advanced phthisis, may prolong life. A very interesting case is recorded by Dr. Barker,§§ occurring in a man convalescent

* Das Empyem u. seine Heilung, von Dr. A. Krause, 8vo; Danzig, 1844.

† Op. cit.

‡ Medical Gazette, May 3, 1844.

§ Guy's Hospital Reports, 2d Ser. No. iii.

|| Medical Gazette, May 3, 1844.

** Oppenheim's Zeitschrift, Dec. 1843, p. 540.

†† Gazette des Hôpitaux, 25 Mars, 1843.

‡‡ London Med. Gazette, vol. i, 1843-4, p. 434, &c.

§§ Medical Gazette, Nov. 10, 1843.

from fever, in St. Thomas's Hospital, and in whom all the ordinary symptoms were, for a long time, masked, owing to extensive pleuritic adhesions. Fluid was found effused into the lower portion of the pleura, and a small gangrenous spot on the lower lobe of the lung from which an eschar had fallen; both lungs were otherwise healthy.

Phthisis. On the Statistics of Phthisis in the United States, Dr. Hayward's essay* may be referred to, as containing the results of an investigation into the mortality from that disease, in the cities of Boston, New York, and Philadelphia, during a period of thirty years. The most striking fact shown by his tables, is the great *decrease* of deaths by consumption in those cities, especially in Boston. With a view to determine the comparative frequency and the peculiarities of phthisis in warm climates, M. Ruz† has contributed the results of his observations on the disease, at Martinique, where it appears that with the exception of phthisis, pulmonary complaints are exceedingly rare. He met with but three cases of pneumonia in five years; and chronic bronchitis even among the old is very uncommon. Of 1954 patients out of a population of 17,000, seen in the course of five years, 123 were tubercular, or 13 per cent. In those dying of phthisis, tuberculization of other organs besides the lungs is much less frequent than with us: diarrhoea very rare. Other allied scrofulous diseases are uncommon. Mr. Wells‡ remarks on the injurious influence on the phthisical patients of Malta, exerted by the scirroeco and liebeccio winds from the shores of Syria and Lybia. The depressing influence of these warm winds was great on all pulmonary complaints, and incipient cases of phthisis ran rapidly into a confirmed and incurable state. The importance of chamber warmth and protecting raiment as counteracting the exciting causes of phthisis, has been insisted on by Sir George Lefevre§ as the result of his observations of the rarity of pulmonary disease in Russia. In reference to the *diagnosis* of phthisis, Dr. Hughes|| has afforded some important statistical information on its location. From the records of 250 cases, it appears that the left lung was chiefly diseased in 116, and the right in 89. The upper lobe of one or both lungs, was solely or principally diseased in 237, or 95 per cent. With these results, a paper by the same author, on the location of pneumonia,** may be usefully compared. Dr. Hamernjk†† remarks that the respiration is sometimes natural in the sub-clavicular region, when there is diminished resonance. There is no difficulty in the diagnosis in such cases; but it sometimes happens that the respiratory and bronchial sounds of other diseased parts are transmitted even to the above regions, when we may be led into error. He gives a case in which all the phenomena of phthisis were present, but contradicted by the autopsy. Among other signs there were deficiency of respiration in the sub-clavicular region, and dulness on percussion. On dissection chronic catarrh and emphysema were detected, but no tubercles. Alluding to the diagnostic value of the expiratory phenomena, Mr. Wells states‡‡ that in the earliest stages, before any dulness or any general symptoms, led to the suspicion of phthisis, alteration in the intensity of the expiratory murmur excited fears of the existence of tubercles, which invariably proved well founded.

Treatment of phthisis. To say that nothing new or important has been advanced on the treatment of phthisis, amidst all the marvels that have been announced, some persons may think strange. Very little, however, has unfortunately appeared that can be made available for this Report. M. Max, Simon§§ opposes the notion that phthisis is a chronic pneumonia, and offers his own testimony as coinciding with that of Hufeland, to the curability of phthisis. Among other remedial means he distinguishes the ferruginous pre-

* New England Quarterly Journal, Jan. 1843. See also on this subject, Boston Med. Journal, March 1, 1842; and Rev. Médicale, Jan. Feb. and March, 1842, par M. Briquet.

† Mém. de l'Acad. Roy. de Méd. t. x.

‡ Edinb. Med. and Surgical Journal, April 1844.

§ Lancet, vol. i, 1842-3, p. 197.

|| Guy's Hospital Reports, vol. vii.

** Ibid.

†† Allg. Med. Centr. Zeitung, Nov. 9, 1842.

‡‡ Loc. cit. Report of Malta Hospital.

§§ Bulletin Gén. de Thérap. 15 et 30 April, 1843.

parations as the most powerful. He insists on their power of rendering a healthy state of organism to pallid, lymphatic persons; and in support of this quotes some of the experiments of Andral and Gavarret. He has commenced some experiments to ascertain the effects of these medicines on children during their first year, by giving iron to the mothers, and states that some pale anæmic feeble children have thus been visibly strengthened. He hints at the possibility of thus removing the congenital predisposition to tubercular disease. M. Sandras,* in giving in his report on the Memoir of M. Pereyra of Bordeaux, on the diagnosis and treatment of phthisis,† refutes all his statements, and says that he had tried the cod-liver oil on thirty patients, many of whom took it with difficulty. In no single instance was any benefit derived. He attributes all the good which it may effect in serofula to the iodine it contains, and which, he very justly says, it is better to give in a more simple form. [For various statements allied to those of M. Pereyra, on the treatment of phthisis by naphtha, paracentesis, &c., the reader is referred to previous numbers of this Journal, where these statements have already received sufficient notice.] Dr. Durrant‡ has called attention “to the large amount of benefit which, in a great majority of instances is to be derived from a persevering use of emetics” in the incipient stages of phthisis; a mode of treatment which has already received the sanction of more than one high authority. On the curability of tubercles in the lungs and bronchial glands, some startling, not to say incredible, statements have been made by M. Boudet to the Academy of Sciences.§ Having examined a great number of bodies without regard to the disease or the age of the patients, he finds that from one to two years of age, tubercles in the lungs or bronchial glands occur once out of 57; from two to fifteen years, in 3 out of 4; and from fifteen to seventy-six years, in 6 out of 7. In adults, therefore, the presence of tubercles is the rule, and their absence the exception! This extraordinary statement is explained by the following considerations: That in many instances, the tubercles are few, limited, and in a great number of cases, so transformed that they exert no injurious influence on the health. A favorable termination is rare in infancy; before three years of age he has met with only one example; but from three to fifteen years of age he has seen 12 instances out of 45 cases. From fifteen to seventy-six years of age he has found tubercles cured, either in the lungs or bronchial glands, in 97 out of 116 cases! In 61 of these 97 cases, “the fortunate termination appeared definite, and the rest of the organ contained no recent tubercle.” He then proceeds to point out the various modes in which these particular results are brought about, the whole merit of which is ascribed to nature.

Phthisis from the inhalation of gritty particles. Dr. Holland has published the results of his observations on the peculiar form of pulmonary disease to which the grinders of Sheffield are liable, and by them commonly called grinders’ asthma or rot. The disease is shown to arise from the inhalation of metallic and other gritty particles, the noxious influence of which is first exerted on the mucous membrane of the trachea and bronchi, and subsequently on the lungs. The symptoms, up to an advanced period of the affection, differ materially from those of tubercular phthisis, there being much less evidence of constitutional disturbance. Quickness of pulse, impaired digestive powers, diarrhœa, emaciation, and hectic being far less prominent symptoms, and for the most part not occurring till the very close of the disease. The local symptoms, in one class of cases, are rather those of chronic bronchitis and asthma than of ordinary phthisis, cough being for years the principal symptom. In another class the contraction and flattening of the chest, and dulness on percussion, present more of the characters of tubercular disease of the lungs, with which also the constitutional symptoms in this class more accord. In both sets of cases, according to Dr. Holland, tubercles are found in the

* Revue Méd. March 1844, p. 450.

† Medical Gazette, May and June 1843.

‡ Vide No. 37 of this Journal, p. 140.

§ Gazette des Hôpitaux, Jan. 19, 1843.

lungs, though by no means invariably in the first class. [But the structural changes are very imperfectly described, and no sufficient evidence is given of the existence of true tubercles.] On this point, as well as on some others, Mr. Waterhouse's* account is more satisfactory. He speaks of finding "depositions of foreign matter in the air-cells, and the formation of purulent foci, and collections *resembling* tubercle." The affection is often, he says, connected with the scrofulous diathesis, and then partakes more completely of the character of phthisis. A brief account of the morbid appearances in this disease will be found in Mr. Law's Report of the Sheffield Med. Society, from which it appears that the lungs are much condensed and indurated, and studded (chiefly, and often exclusively, in the upper lobes) with *dark currant-like bodies*.†

Dr. Petrenz‡ has described the progress and nature of the pulmonary disease to which the stone quarriers of Schaudun are liable, which is clearly analogous to that occurring to the Sheffield grinders. There is the same absence, for a long time, of the constitutional symptoms characteristic of phthisis. Masses of gritty solid matter are often mixed with the expectoration. The same recklessness of life and manners which mark the grinders characterize these stone-cutters, and the cases are often modified accordingly. The disease is not hereditary. Most of the workmen die under 40. The account of the post-mortem appearances shows the marked distinction between the pulmonary destruction induced by mechanical irritation and chronic inflammation, and that which arises from the deposition of tubercle.

Pneumonia in the old, treated without bloodletting. Dr. V. Röderer§ remarks on the high mortality (one half to two thirds) that attends the cases of pneumonia, occurring in the aged, when treated in the usual way by bloodletting, even when employed with activity from the first onset of the disease. Dr. R. has, therefore, been led to abandon bloodletting (to which he thinks the mortality in great measure attributable,) and employ tartar emetic in conjunction with opium. In the first and second stages of primitive simple pneumonia in the old, he gives from 4 to 6 grs. of tartar emetic with an equal quantity of opium, in the course of twenty-four hours, either in the form of pill or in solution. He was seldom obliged to continue this plan longer than 4 or 5 days. He abstained from all bleeding and blisters, confining himself to the above treatment, except in some rare cases where aperient enemata were required. Of forty-two patients thus treated he lost only thirteen; these were cases where the diagnosis was made with all accuracy, and the progress carefully marked. A lengthy memoir, by Mr. E. M. Martin,|| founded on sixty-seven cases, occurring during the winter of 1843, in the wards of M. Prus, at Salpêtrière, is intended to point out the chief differences between pneumonia in the adult and the aged. The apex of the lung was much more frequently the seat of the inflammation than in the adult. It was either very general or of very limited extent. Abscess was much more frequent, occurring in 3 cases out of 67; (in 5 of 70 cases detailed by Mereier at Bicêtre abscesses were found;) emphysema very frequently co-existed. The mode of invasion was sometimes gradual and sometimes sudden; but all the symptoms which attracted the patients' attention were referrible to the stomach, e. g. bilious vomiting.**

Bronchial glands. Dr. Golding Bird†† has detailed the particulars of a case of phthisis, complicated with scrofulous disease of the cervical and bronchial glands. The patient, a girl æt. 16, presented physical indications of tubercular disease of the right lung, while, on the left side the respiration gradually became more and more feeble, without any loss of sonority, but with corresponding dyspnoea, and indications of cerebral congestion. Under these symptoms she sank, without emaciation, cough, expectoration, or any of those signs

* Provincial Medical and Surgical Journal, Sept. 16, 1843.

† Ibid. June 12, 1844.

‡ Hufeland's Journal, April 1844, in Schmidt's Jahrbucher.

§ Oester. Med. Wochenschr. Jan. 1843.

|| Révue Méd. Jan. 1844.

** On the Mortality of Pneumonia as influenced by age, sex, seat, &c.; see a Paper by Professor Henderson, in Edinburgh and London Monthly Journal.

†† Medical Gazette, Nov. 11, 1842.

which mark the close of ordinary cases of phthisis. From the post-mortem examination it appeared that the immediate cause of death was constriction of the left bronchus by enlarged bronchial glands, so as to prevent the ingress and egress of air in the left lung, the right being full of tubercles. Dr. Bird has met with two other similar cases. In a case related before the Med. Chir. Soc. by Dr. Graham Tice,* the principal symptoms were dyspnea, cough, foul taste in the mouth, and subsequently stridulous breathing. Vesicular respiration disappeared on the right side completely, and partially on the left, whilst the chest sounded well on percussion. Death took place suddenly. The lungs were found healthy. The bifurcation of the trachea was surrounded by a mass of enlarged and suppurating bronchial glands, from which had been discharged a calcareous mass, that was partially engaged in the right bronchus, wholly obstructing its canal.

Carcinoma of the lung. Several examples of this disease have been recorded. One by MM. Lionet and Legrand,† in an old man æt. 62. The symptoms were extreme emaciation, dysphagia, percussion clear, respiration feeble, scarcely audible; no abnormal sound attending either inspiration or expiration; neither cough, hæmoptysis, nor oppression; death from asthenia. The lungs, like the body, generally were atrophied, and in the summit of each was a cancerous mass, attaching the lungs to the chest by strong adhesions. The case had been mistaken for gastritis, owing to the irritability of stomach. A very similar case is detailed by Dr. MacLachlan‡ but in this instance there was eventually complete dulness of the whole right side, which appeared to move "en masse." The patient was a man æt. 62, and the disease involved the whole right lung. The diagnosis in this instance was not made out. The case related by Mr. W. Clark§ was that of a man æt. 45. The symptoms at first were neuralgic pains of the chest, succeeded by cough, dyspnea, rapid pulse, hæmoptysis, diminished respiratory murmur, and dulness on percussion: subsequently enlargement, distension, and immobility of the right side, displacement of the liver, and of the heart a little to the left, general venous congestion, and anasarca. The patient died, suffocated, in five or six months from the first attack of neuralgia. The lung was compressed at the posterior part of the chest by an enormous cancerous mass, occupying the whole pleura. Dr. Burrows's case|| occurred in a married woman, æt. 20. The first symptoms were pain beneath the sternum, cough, expectoration, dyspnea, and some swelling of the cervical glands: subsequently, hæmoptysis and currant-juice sputa, paroxysmal cough, enlarged cervical glands and veins on the right side, and weak, husky voice. The physical examination indicated both consolidation of the lung and pleuritic effusion. Four pints of brown fluid were found in the pleura, and white, solid, suet-like masses, containing a creamy fluid, occupied the lower and middle lobes of the lung, and the right bronchus and pulmonary vein contained carcinomatous matter.

Mr. Arrowsmith** has detailed a case of *pulmonary hydatids* the chief symptoms of which were cough of a paroxysmal character, no dyspnea, except after the fits of coughing; dulness over the left upper part of the thorax, then bloody sputa, dyspnea, night perspiration, and diarrhœa. The man ultimately recovered, having at different times expectorated a good many hydatids.

4. DISEASES OF THE VASCULAR SYSTEM.

Heart. The following are the principal conclusions to which M. Aran has been led by his "researches on general pericardial adhesions."†† When entire and free from any trace of recent inflammation, the patient may be free from all suffering. Derangement of the respiratory and circulatory functions depends more on the alteration of nutrition which the heart undergoes than on the adhesions themselves. Dilatation with hypertrophy is one of the most

* Lancet, vol. i, 1142-3.

† Lond. Med. Gazette, March 31, 1843.

‡ London Med. Gazette, p. 696, vol. i, 1843-4.

+ Gazette des Hôpitaux.

§ Med. Gazette, April 21, 1843.

** Provincial Medical and Surgical Journal, Jan. 6, 1844.

†† Archives Gén. de Méd. 1844, p. 466.

immediate consequences of general, non-cellular, pericardial adhesion. He has never met with an instance to the contrary. The pathognomonic sign of adhesions is a *diminution or extinction of the second sound*. Three cases are given in which the diagnosis thus founded was confirmed after death. The second sound is diminished not only in clearness, but also in duration and extent, and this in proportion to the intimacy of the adhesions and the amplitude of the cavities of the heart. In old cases, it is extinct over the whole præcordial region, and even over the whole chest, so that the first sound (a little prolonged) is immediately followed by the interval of rest, also somewhat prolonged. In insufficiency of the aortic valves, the second sound is heard to the right of the heart; and at the posterior part of the chest, and over the præcordial region, it is replaced by a prolonged and sometimes musical blowing sound ("bruit de soufflet aspiratif"). He explains the diminution or extinction of the second sound by referring to the impediments existing to the heart's free action, and the consequent imperfect dilatation and contraction of the ventricle, in which circumstances neither the usual shock of the return of the column of blood on the aortic valves, nor the return of the fibres of the ventricle to their passive state, can occur with sufficient force to produce the second sound. Professor Forget* is unable to lay down any constant or invariable sign of general adhesion, and has never met with the epigastric depression during the systole, described by M. Sandras. The presumed relation between adhesions and hypertrophy he thinks rational, but requires confirmation, and that it is not proved that adhesions alone, when old, may not produce dropsy and death, by long-continued impediment to the heart's action.

Hypertrophy of the left ventricle in old people. M. Dubrueil† thinks that in many cases dilatation of the aorta is the consequence of the loss of elasticity of the vessels which attends old age, and that this loss of elasticity explains why hypertrophy should be the almost constant attendant on aortic aneurism. When the movement communicated to the blood by the arteries is enfeebled in consequence of their morbid condition, the heart compensates for it by increased action, which after a time induces hypertrophy. Hence, in most old persons, we find that hypertrophy of the left ventricle coincides with ossification (?) of the vessels, when this occupies a certain extent of the arterial system.

M. Fauvel,‡ in a memoir entitled 'On the Stethoscopic Signs of *narrowing of the left Auriculo-ventricular Opening*,' after noticing the different existing opinions, states that he had observed the abnormal sound, attending the first sound of the heart, in certain cases, to precede the impulse. In consequence of the occurrence of some cases, the details of which are given, his attention was more closely directed to this subject, and he has been led to the conclusion that a "bruit de râpe," situated at the apex of the heart, to the left, and immediately preceding the first normal sound, may be the only morbid sound corresponding to very considerable narrowing of the left auriculo-ventricular orifice, without valvular insufficiency. This presystolic abnormal sound corresponds with the contraction of the auricle at the moment the blood is driven into the ventricle, across the diminished orifice, and therefore situated as it is, at the apex of the heart, to the left, it is the *most probable* stethoscopic indication of narrowing of the mitral valves.§ Dr. Hamernik|| attempts to show that inflammation of the substance of the heart is much more frequent than has been thought, since the alteration of tissue consequent on fibrinous exudation is only to be detected by the microscope; by the naked eye it may be confounded with fatty degeneration. When the fibres connected with the mitral or tricuspid valves are thus altered by inflammatory exudation into their substance, they cannot contract with sufficient force, and thus the phenomena

* Gazette Médicale, April 1844.

† Observations sur les Aneurismes, &c., par J. Dubrueil; 8vo, Montpellier, 1842. Gazette Méd. Sept. 17, 1842.

‡ Archives Générales de Méd. Jan. 1843.

§ M. Aran coincides with these views. Vide Arch. Gén. de Méd. Nov. 1842.

|| Oesterreich. Med. Jahrbüch. July and Aug. 1843.

of *valvular insufficiency* may be induced. He gives a case in which the musculi papillares of the mitral valve were found atrophied, flattened, and to a great extent converted into cellulo-fibrous tissue, from infiltration of lymph. Mr. Moore O'Ferrall remarks that uncomplicated obstruction of the aperture is not necessarily attended by a murmur; that this may disappear after a time, and that the diagnosis can be made only by the observation that a well-marked systolic murmur had previously existed in combination with the general symptoms of the disease.*

Hydro-pneumo-pericardium. An example of this form of disease is given by M. Bricheteau,† in which fluctuation of liquid in the pericardium, coinciding with each beat of the heart, was perceptible by the ear during life, and resembled the flap of a paddle against the water. The pericardium was found after death greatly distended, and being punctured, gave exit, with audible sound, to a quantity of fetid gas, and a considerable quantity of very fetid sero-purulent fluid. (Bricheteau has referred to authorities, and finds his case almost unique, the only *complete* case of the kind.)

Digitalis, in certain diseases of the heart. Professor William Henderson‡ confirms the observations of Dr. Corrigan (Ed. Med. and Surg. Journal,) that in a permanently patent state of the aortic valves, the prolonged use of digitalis is injurious, inasmuch as frequent contractions of the heart are, in this state, necessary to overcome the tendency to regurgitation, the cause of the hypertrophy. On the other hand, in diseases of the left auriculo-ventricular valves, increased frequency of the heart's pulsations increases the dyspnea, and the symptoms consequent on obstructed circulation, partly in consequence of the hypertrophy of the right ventricle, and partly owing to what takes place at the diseased orifice. If this be merely narrowed, more frequent closing of the valves will increase the impediments to the onward course of the blood, and if in a patent state, will augment the regurgitation—in either case increasing the dyspnea. Hence digitalis, by diminishing the frequency of the heart's pulsation in this form of disease is beneficial in diminishing the dyspnea and augmenting the size and force of the pulse, which from being small and feeble, will become full and firm, when the medicine has reduced the heart's contractions to 40 or 50 per minute. M. Debreyn§ has derived the best effects from the following plan of treatment in organic affections of the heart, excepting in cases where the pulse is very slow or feeble, while the extremities are cold, asphyxia imminent, the countenance livid, and the swelling considerable. "After local or general bleeding, or leeches to the anus, according to circumstances," he prescribes tincture of digitalis in gradually augmented doses, and with each dose, dissolved in the same vehicle with it, ʒj of nitrate of potash. The medicines produce no good effect unless given in doses sufficient to cause nausea and vertigo. The sedative power of nitrate of potash on the heart he considers proved by Aran's researches.

5. DISEASES OF THE NERVOUS SYSTEM.

Cerebral Auscultation. Dr. Whitney,|| of Newton, Massachusetts, states that in auscultating the heads of healthy children, four distinct sounds are heard, produced respectively by the acts of respiration and deglutition, and by the voice and action of the heart; these are sometimes so altered in character in diseases of the encephalon, as to become symptoms of cerebral disease. A cephalic bellows-sound, or modification of the natural sound of the heart, is heard in various diseases. It has been noticed in cerebral congestion and inflammation, hydrocephalus, compression of the brain, ossification of the arteries, and the hydronecephaloid disease. Encephalic, or cerebral oëgophony, has been noticed only in cases attended with effusion and extravasation in and about

* Dublin Journal of Medical Sciences, July, 1843, p. 418.

† Archives Gén. de Méd., March, 1844, p. 334; par M. Bricheteau, Médecin de l'Hôpital Necker.

‡ Northern Journal of Medicine, May 1844.

§ Bull. Gén. de Thérapeut. 15 et 39 Dec. 1842.

|| American Journal of Med. Sciences, Oct. 1843.

the substance of the brain. A purring thrill has been heard in aneurism of the basilar artery, and a cooing or musical sound is considered pathognomonic of anæmia of the brain.

*Cerebro-spinal meningitis, epidemic.** During the last few years a terrible disease has prevailed in different towns in France, attacking principally the common soldiers of the garrisons of these towns, namely Versailles, Lyons, Avignon, Bayonne, Givet, Metz, Strasbourg, Nancy, and more recently in other localities. M. Faure Villar† has described the disease as it prevailed at Versailles. M. Gassaud‡ has given a very similar account of its characters as it appeared at Bordeaux. M. Gasté§ has published his experience of the disease at Metz, in 1840; MM. Forget and Tourdes|| have observed it at Strasbourg; and M. Chauffard** at Avignon. Lastly, M. Rollet†† describes its appearance at Nancy. The symptoms resemble very closely those of inflammation of the membranes of the brain and spinal cord in sporadic cases. According to M. Rollet, the disease occurs in two forms; in the one which he denominates “*méningite encéphalo-rachidienne*,” there are no signs of lesion of the nervous centres themselves; no affection of sensation or motion; though there are all the symptoms of inflammation of the membranes; at first, rigors, then malaise, tinnitus aurium, vertigo, violent pain in the head, extending along the vertebral column; agitation or restlessness, and slight delirium and moderate fever, or absence of fever. In the second form there is affection of the intellectual faculties, and also of the functions of motion and sensation, and more or less complete abolition of all the senses. This form of the disease is illustrated by the following case: “When the patient was admitted into the hospital, the face was dusky, (cyanosed,) the eyes fixed; the sclerotics injected; the pupils dilated and insensible to the action of light; there were furious delirium; wild cries; constant movements of the limbs; trismus; retraction of the head backwards, and marked diminution of sensibility; the skin was rather warmer than natural; the pulse 80, full, and hard; the tongue dry, and red at the tip; and the patient scarcely able to protrude it from the mouth. The next day there was profound stupor, nearly complete deafness; unintelligible muttering elicited by questions, and complete loss of sensibility. Death took place on the third day. The patient had been bled twice; forty-six leeches had been applied, and an *oxyerst* to the forehead. *Autopsy.* The cerebral arachnoid was very vascular; and upon the whole surface of the pia mater and the brain there was a layer of purulent plastic matter; and a considerable collection of this matter at the base of the brain, about the pons varolii and medulla oblongata. The cerebrum was slightly punctated but not softened. The choroid plexus injected: the cerebellum softened; and the arbor vitæ of a blood-red colour. Beneath the spinal arachnoid there was the same kind of purulent matter as was observed beneath the cerebral arachnoid, and opposite the third dorsal vertebra, a considerable collection of pus, and also about eight grammes opposite the last dorsal vertebra. The substance of the spinal cord appeared healthy.” The lesions here described are exactly the same as those mentioned by MM. Faure-Villar, Chauffard, and Forget. Morbid changes from inflammation have also been observed in the alimentary canal, but M. Rollet regards them as mere accidental coincidents, while M. Forget attaches great importance to them. Again, M. Villar noticed that lumbricoid worms were very frequently found in the intestinal canal in fatal cases, in 42

* Rapport sur une Mémoire de Cérébro-rachidienne et de l'encephalo-méningite épidémique, par M. Rollet, Médecin en chef de l'Hôpital Militaire de Nancy. (M. Ferrus, rapporteur.) Bulletin de l'Acad. Roy. de Méd. Oct. 15, 1842, t. viii, p. 43.

† Mémoires de Médecine et de Chirurgie Militaires, 1840, t. xlviii.

‡ Ibid.

§ In a tract entitled *Mélanges de Médecine*.

|| Relation de l'Epidémie de Méningite Encéphalo-rachidienne observée à Strasbourg, par M. Forget, Paris, 1842. Hist. de l'Epidémie de Méningite Cérébro-spinale, observée à Strasbourg en 1840-41, by M. Gabriel Tourdes, Paris, 8vo, 1842.

** Mémoire sur les cérébro-spinites qui ont régné en 1840 et 1841. Revue Médicale, Mai 1842.

†† Sixième Observation de M. Rollet.

out of 56; and M. Gassaud cites cases in which they passed from the patient during life. But M. Rollet observed this complication only twice at Nancy. He remarks, that in those cases in which the substance of the brain is affected, there is an almost continual tendency to intermission, or at least remission, which alternates about every three hours with an exacerbation, but he regards this merely as characteristic of the encephalo-meningitis, not as an evidence of the disease being of the nature of remittent fever, which is the view taken by M. Gassaud.

With regard to *treatment*, M. Faure-Villar tried all rational methods, but declares that none seemed superior to the rest. Out of 154 cases which he treated, 66 terminated fatally. M. Gassaud, who regarded the disease as a "fièvre céphalalgique subintrante," produced by marsh miasm, affirms that, of 162 soldiers attacked only two died, when he had begun to treat them with medium doses of sulphate of quinine, at the same time that he employed purges, and at the commencement, venesection. M. Forget recommends the antiphlogistic plan of treatment at the commencement of the disease, and afterwards opium. Of 40 cases, however, he lost 24. M. Chauffard failed to cure the malady by antiphlogistic means, the most prompt, direct, and energetic; by revulsives, purgatives, calomel, and also by various tonics. Opium triumphed over it. But it was necessary to give it in large doses. The medicine most advantageously combined with opium was the sulphate of quinine. Before this plan was adopted, only 1 case was cured out of 30; afterwards the disease was less fatal than it ordinarily is in sporadic cases. Lastly, M. Rollet found that all the cases of simple cerebro-spinal meningitis, (that is to say, of inflammation of the membranes without lesion of the nervous centres themselves,) yielded to simple but energetic antiphlogistic treatment, or at most to this treatment aided by counter-irritants to the skin. One remedy only could control the more violent cases of encéphalo-meningitis, when the brain and spinal cord also suffered, and this was cauterization. (In one case which is detailed, the actual cautery was applied at twelve distinct spots along the spine, beside counter-irritants.) M. Tourdes states that, of 195 soldiers attacked, 122 died. He agrees with M. Chauffard that bleeding, tartar emetic, mercurials, refrigerants, and revulsives, were of no avail; but he cannot confirm all that Chauffard has said in favour of opium.

Dr. Gillkrest,* in a Report to Sir James M'Grigor, has described a similar epidemic which prevailed among the civil population of Gibraltar from January to May 1, 1844. Of 16,000 inhabitants 450 were attacked, of whom 190 had symptoms of more or less gravity, and 42 died. The majority of the cases occurred between two and fifteen years of age, and few only were attacked in a severe form above the age of thirty. With but few exceptions the disease prevailed among the indigent classes. "There is no question" says Dr. G. "of the identity of the symptoms in our cases, with those described in the Versailles epidemic." No special atmospheric peculiarities could be assigned as its cause. Previous to its breaking out, an epidemical catarrh which had prevailed, declined; and before its setting in, as well as during its prevalence, "it was remarked that in indispositions of any kind, there was a tendency to headache more or less severe, the occiput being oftener than usual the seat of pain, and the muscles of the back of the neck being affected with aching." No opportunity was afforded of examining the head of a single child; in the adult cases, the dura mater was always found free, but the arachnoid and pia mater exhibited the most unequivocal marks of inflammation, especially at the base of the brain, where pus as well as lymph, was frequently found. The ventricles in some instances contained large quantities of serum, lymph, and pus. Mercury and the ordinary antiphlogistic means constituted the treatment.

Several cases of *sporadic spinal meningitis* presenting many points of in-

* Medical Gazette, July 5, 1844.

terest, have been recorded. One by Dr. Eitner, fatal in four days.* Professor Wagner† has detailed a remarkable case in which universal suppuration of the cerebro-spinal membranes existed, without any corresponding symptoms, which were those of gastric derangement, till two days preceding death, when convulsions occurred. There was general softening of the brain and spinal cord.‡ Dr. Drazic has reported a case occurring under the care of Prof. Skoda, in which there was general paralysis of the voluntary muscles, without any loss of sensation or affection of the sensorium. The day before death there was profuse sweating, paralysis of the diaphragm, dyspnea, with general mucous rhonchus (but no paralysis of the bladder), and subsequently trismus and convulsive movements of the muscles of the face. The brain was found to be natural. Between the membranes of the cord was a little grayish clear serum; the whole spinal cord was somewhat atrophied as well as the roots of the motor nerves, the upper ones especially being soft. The substance of the cord was generally pale and firm.§

Apoplexy, contraction of the limbs in. M. Durand Fardel|| has investigated that condition of the muscles occurring in hemiplegia, in which though deprived of voluntary motion, contraction to a greater or less extent, either temporary or more permanent occurs. From his researches he concludes, that in cerebral hemorrhage contraction of the paralysed or non-paralysed limbs, almost invariably accompanies the rupture of the apoplectic cavity into the ventricles or between the membranes; that contraction rarely attends hemorrhage limited to the substance of the hemispheres; and, lastly, that contraction is a very frequent symptom in cerebral hemorrhage.

The object of Dr. Mayo's Lumleian Lectures** is to illustrate the views of Dr. Kirkland respecting "those cases of apoplexy in which vascular plethora, congestion, or extravasation, has not occasioned the attack." "They are all marked by suddenness of invasion, but some are more vehement, others milder"—"suddenness of invasion, and the absence of evidence of prior arterial excitement, or effusion, are the diagnostics on which Dr. Kirkland principally relies, as identifying his nervous apoplexy. It may coexist with, or be promptly followed by sanguineous or serous effusion; but these are not its causes." To illustrate the character of this form of apoplexy Dr. Mayo relates 5 causes (one original,) and remarks on the absence of any evidence of antecedent vascular fullness or effusion, and that the two cases which terminated most favorably were those in which the treatment had been most sedative. He then proceeds to illustrate Dr. Kirkland's views in relation to the paralytic affections which are "not brought on by compression, suppuration, or any mechanical cause," and which are described as "spontaneous or true palsy from sudden loss of nervous power." Dr. Mayo, however, considers that in the treatment of the 'apoplexia nervosa gravior' Dr. Kirkland has pushed his principles too far, and that this form may tolerate and even require more depletion than even cases of presumed extravasation. He suggests the hypothesis that the vital power is not, as Dr. Kirkland supposed, destroyed, "but under a temporary interruption." Meanwhile the heart continuing to perform its functions, this supposition would imply a subsequent danger of congestion a tergo and a liability to rupture; so that though no arterial action or sanguineous extravasation should precede or accompany it, the case may require the same treatment in kind, as such phenomena would have indicated. M. Gay (in 1808) attempted to show that no such disease as sanguineous apoplexy exists, that bleeding is injurious in all cases of apoplexy, but that emetics are indicated *in every case*. His essay has been translated by

* Med. Zeitung, 21 Dec. 1843.

† See also Arch. Gén. de Méd. Fév. 1843. Observation d'un Cas remarquable d'affection de la Moelle Epinière, etc., par M. Gérard, de Marseilles.

‡ Archives Gén. de Médecine, 1843, p. 300. De la Contraction dans l'Hémorrhagie Cérébrale, par Dr. Max. Durand Fardel.

§ Oesterreich. Med. Wochens. Nov. 4, 1842.

|| Oesterreich. Méd. Wochens. Jan. 21, 1843.

** Med. Gazette, Nov. 11 and 25, and Dec. 2, 1842.

Mr. Copeman, who has appended some observations on the subject of bleeding in apoplexy.* Dr. T. Reinbold† thinks that few cases of apoplexy are benefited by large bleeding, but that small doses of from ʒij to ʒiv are useful in assisting the brain to recover its powers.‡

Hemiplegia from obstructed circulation. Three cases of great interest, have been recorded, in which hemiplegia was induced by sudden obstruction to the arterial circulation within the cranium; in two instances occasioned by ligature of the carotid artery, and in the third by the consequences of dissecting aneurism of the aorta. M. Sedillot§ tied the common carotid to arrest hemorrhage from a wound behind the right branch of the lower jaw. Complete hemiplegia of the right side of the face and of the left side of the body followed the operation, and the patient was deprived of intelligence so far as scarcely to be able to comprehend questions put to him. He died nine days after the operation, and the right side of the brain was found somewhat diminished in consistency, and deprived of its due proportion of arterial blood. In Dr. Fairfax's case, hemiplegia of the opposite arm and leg followed a similar operation, but there was no paralysis of the face.|| The case related by Dr. Todd** presents many points of interest. A stout plethoric man, æt. 37, was suddenly seized with syncope and afterwards complained of violent pain in the loins, along the course of the ureters, thighs, and abdomen, attended with some tympanitic swelling, nausea, and scanty urine. Despite of treatment the kidneys ceased to act; hemiplegia of the left side succeeded; feebleness of pulse of the right side; bellows-murmur in the course of the aorta and innominate; feebleness of respiration in the right lung; drowsiness and sluggishness. About the fifth or sixth day the secretion of urine returned, the pupils which had been unequal became equal, and some power of the paralysed side was regained. Signs of internal hemorrhage however came on, and the man died suddenly on the eleventh day from the seizure. A copious effusion of blood was found in the pericardium derived from a small aneurismal sac, communicating with the aorta. From this spot the blood had formed a new channel for itself, splitting up the middle coat along the aorta and innominate and the right carotid, for some distance, and then plugging up the latter vessel, and arresting the circulation through it. The right hemisphere of the brain was found exsanguineous, and all that part above the fissure of Sylvius (supplied with blood by the middle cerebral artery) exhibited numerous patches of softening, without discoloration, implicating the white as well as the gray matter. [A case was recorded some time ago, by Mr. Vincent, in which the patient died on the seventh day after ligature of the right carotid, with hemiplegia of the left side. Pale softening of the right hemisphere was discovered after death. Such cases, independently of their important practical bearing, are deserving the attention of those who would refer softening of the brain in all cases, either to inflammation or post-mortem changes.]

Hemiplegia connected with syphilis. In the 'Medical Gazette' for May 27, 1842, Dr. Budd called attention to some cases of paralysis concurrent with, or depending on the presence of the syphilitic virus in the system. Mr. Inman†† has since met with five similar cases. A fatal case has been published by Dr. Todd, where the post-mortem examination revealed inflammation of one cerebral hemisphere, and red softening of the other. In sup-

* Essay on the Nature and Treatment of Apoplexy, by M. Gay. Translated by E. Copeman, esq. with an Appendix; London, 1843.

† Ueber d. Schlagfluss von Dr. Th. Reinbold, Hanover; in Schmidt's Jahrbücher, No. 3, 1844.

‡ As a counterpart to certain recent modes of treating phthisis by paracentesis, the following almost equally rational proposition may amuse the reader: M. Claudius Barbier, of Lyons, after adducing (as though he believed it original) the hypothesis of the unalterable fulness of the cerebral vessels, to show the futility of bleeding in apoplexy, gravely proposes the application of the trephine before having recourse to venesection!! He does not, however, appear as yet to have put his notable project into execution. Journal des Conn. Méd. July 1843.

§ Medical Gazette, p. 351. Vol. I, 1843-4.

|| Gazette Médicale, Sept. 3, 1842.

** Trans. of the Med. and Chir. Society.

†† London Medical Gazette, July 21, 1843.

port of the view that these are not mere coincidences, Mr. Inman remarks that in all his cases, as well as in the four related by Dr. Budd, and in Dr. Todd's case, the patients were under forty years of age, whilst ordinarily apoplexy attacks only persons who have passed that age. [The author of this Report met with a case, some years ago, where an apoplectic attack, followed by hemiplegia, occurred in a young man æt. 24, who was at the time suffering from secondary symptoms for which he had been taking mercury. As the hemiplegia of one side gradually disappeared, the opposite side became affected, but ultimately the patient recovered.]

Paraplegia. Sir B. Brodie* states that in chronic affections of the spinal cord, producing paraplegia, &c., the treatment must, to a certain extent, be empirical; but that he has never seen any beneficial results from the use of counter-irritation. On the contrary, he has often seen it productive of mischief. It is essential that the bowels should be kept open, and that the black tarry secretions which take place, should be got rid of. For this purpose he recommends pills consisting of compound extr. of colocynth, with croton oil. The treatment he has found most successful consists of the exhibition of pills containing gr. j. zinci sulphatis, thrice a day, with a draught containing ℥ xx tinct. cantharidis. These should be persevered in for some time, gradually increasing the dose, but not to any great extent. In other cases, he has seen small doses of bichloride of mercury useful, which does not, he thinks, act as mercury, but much in the same way as sulphate of zinc. Mr. Gorham† and Dr. Badeley‡ have each reported a case of paraplegia, in which the recovery was attributed to strychnia.

Paralysis treated by electro-galvanism. Several cases of paralysis have been related where the cure was attributed to electro-galvanism; one of complete paralysis of the œsophagus of long standing, followed by hemiplegia; the particulars of which are detailed by Sir A. Knight,§ a second, of hemiplegia of three years' standing, described by Dr. Martin Lynch;|| a third, of complete paraplegia succeeding to ptosis and amaurosis, which had been treated by mercury to a considerable extent, recorded by Mr. Howell, of Clapton. In this case, however, the cure was not complete, and the electro-galvanism was conjoined with quinine, iron, and tonics.**

Hydrocephalus in youth. Dr. Henry Kennedy†† concludes a paper "On Hydrocephalus which occurs at a particular period of life," by stating in the following propositions the different points to which his attention has been drawn. That an affection of the brain of the hydrocephalic character is not at all unfrequently met with between the ages of twelve and twenty-five years. That it is more common in females than males, in the proportion of two to one. That in the majority of cases it commences with symptoms of mild fever. That it sometimes begins by a distinct complaint of the head, for some days, the patient being still able to go about. That when the disease commences by fever, the first signs of anything going wrong take place very commonly at night; and a marked increase of fever may then be observed. That during the progress of the disease the pulse exhibits the characters of hydrocephalus, and to a marked degree. That alterations about the eye (strabismus, &c.,) are often among the earliest symptoms, pointing out that mischief is coming. That the pathology of the affection is confined in great part to the arachnoid at the base of the brain, with more or less effusion into the ventricles. That there are grounds for supposing the inflammation to be of a specific character, probably strumous. That when the affection has fully declared itself, the treatment has yet to be determined; but local bleedings, with mercury and blisters, hold out the best prospect of success. In connexion with this subject

* Lancet, vol. i, 1843-4, p. 427.

† Ib. May 11, 1844.

‡ Medical Gazette, July 12, 1844.

§ Dublin Med. Press, March 29, 1843; from Provincial Medical and Surgical Journal.

|| Provincial Med. and Surg. Journal, March 23, 1844.

** Med. Gazette, vol. i, 1843-4, p. 481.

†† Dublin Journal of Med. Science, July 1843, p. 382.

some observations have been given by Dr. J. B. S. Jackson,* entitled 'Tubercular Meningitis in the Adult.'

Epilepsy. M. Leuret† having always under his care, 100 or more male epileptics, has given the results of his researches on the causes, symptoms, course, and termination of epilepsy. Among predisposing causes, his tables show that adolescence must be ranked, and as young children are often carried off by early attacks, and few admitted into hospital, he considers childhood also a predisposing cause. Hereditary predisposition could be traced in 7 only of 106 cases. In reference to the real or presumed causes, of the 106, 39 could not assign even a probable cause, but of the remainder 35 assigned fear; 12 onanism; 6 drunkenness; 2 anger; and 2 falls. M. Leuret thinks the influence of the depressing passion of fear cannot be questioned. Seven cases are detailed in illustration, and great stress laid on the danger of exposing children to the influence of fear, as of all causes of epilepsy this he thinks the best established. In 82 of the 106, the attacks occurred at regular periods, and then were rarely single, but recurred frequently for twelve or twenty-four hours. The latter cases are often quickly fatal. In reference to the influence of season, the tables indicate that cold is injurious, and heat favorable. The relation of the moon's changes to 70 cases watched through the whole year, show that this luminary exerts no influence whatever on the course of epilepsy. The electric state of the atmosphere is not without influence; the attacks being more frequent in stormy weather. Intemperance and onanism are frequent causes of the return of an attack. Those in whom the seizures have observed regular periods, suffer in various ways if at the regular time they have not an attack.

A case is related by Dr. Parrish,‡ in which an epileptic paroxysm immediately succeeded to a blow on the head. After a lapse of eight months the disease returned, the attacks became frequent, and were immediately preceded by severe shooting pains over the seat of the original injury, though no pain was complained of at other times. This spot was tender, and firm pressure excited severe pain and general nervous agitation. An incision was made over the tender portion of the scalp, an issue established and kept up for seven weeks, when the soreness had entirely disappeared. From this time the patient had no return of the disease. Dr. William Heise,§ of the Connaught Lunatic Asylum, states, that an epileptic lunatic who had received a severe wound of the head, with fracture of the skull, was from that time cured of his epilepsy and restored to reason.

In *epilepsy and epileptical mania*, Dr. Sharkey|| thinks there is a particular tolerance of digitalis, which acts as a pure sedative; the characteristic effects on the circulation being manifested in the course of twenty-four or forty-eight hours. He gives the tincture in doses of from ʒij to ʒss, and has detailed two cases of mania associated with epilepsy, and one of maniacal excitement in which marked benefit followed large doses of this medicine. In another case of epilepsy, great tolerance of the remedy was manifested, and relief obtained, with sound sleep and subsidence of the excitement. [In a case in which, on the periodic return of epileptic attacks, the patient is scarcely free from the paroxysms for twenty-four hours, the Reporter has tried the effects of digitalis in doses of 40 min. every three or four hours, on three occasions, with, apparently, considerable benefit.] Dr. Baretti** has detailed four cases of epilepsy successfully treated by the valerianate of zinc. Dr. Debreque†† has found the extract of belladonna by far the most successful remedy when there are no symptoms of cerebral congestion. When the paroxysms occur at long intervals, the belladonna is administered for a week or two before the

* New England Quarterly Journal of Medicine and Surgery, Oct. 1842.

† Archives Gén. de Méd. 1843, p. 32. Recherches sur l'Epilepsie, par M. Leuret, de Bicêtre.

‡ Philadelphia Examiner, vol. vi, No. 2.

§ Dublin Medical Press, Sept. 6, 1843.

|| Medical Gazette, vol. i, 1843-4, p. 305, and vol. ii, p. 340.

** Bollettino delle Scienze Mediche, Feb. and March, 1844, p. 121.

†† Thérapeutique appliquée, &c. par P. J. C. Debreque, 2de Ed. 1844.

expected invasion, and if preceded by a distinct aura, a strong dose of ammonia is recommended, as serving to ward off the paroxysm.

Delirium tremens. The following remarkable case of delirium tremens, is given by Mr. S. Flood, in which, after trying opium fully, with tartar emetic, digitalis, &c., without effect, belladonna was employed in the following way. A large blister having been applied between the scapulæ, the cuticle was stripped off, three inches long and two wide, and a plaster of pure extract of belladonna applied to the denuded surface. The man was, at the time, in a state of furious delirium, with contracted pupils, pulse 110, weak, and very irritable; and had not slept for 360 hours. So acute was the pain produced by the plaster, that he was instantly subdued; and entreated its immediate removal. In three minutes he ceased to complain; in five minutes there were slight twitchings of the muscles of the face and arms, his utterance became indistinct, he kept up a stupified laugh like a man much intoxicated; the pupils began rapidly to dilate, and in seven minutes were open to their fullest extent. He now became very drowsy and begged to lie down; the belladonna therefore, was sponged off, simple ointment applied, and he then fell back on his pillow, and in nine minutes from the first application was in a profound sleep, which lasted for seven hours. During the sleep, which was free from stertor, the pulse fluctuated remarkably. At the commencement it was 110, small and irritable; in five minutes it rose to 140; and in twenty minutes to 160; then gradually fell, till at the end of six hours, it had sunk to 108, and was full and soft. At the end of seven hours he awoke quite quiet, but after staring about him in stupified astonishment, soon relapsed into his former state of wildness. Opiates were now tried again in large doses, but without effect, and as he was apparently sinking from prolonged excitement, belladonna was applied, in the same way, a second time, two days after the first application. The same chain of phenomena followed, and sound sleep was induced, which continued for nine hours and a half. On the following day, belladonna was a third time applied, but to the same surface; from this time he gradually improved. Dr. Fosgate† recommends the union of ammonia with opium, not only as aiding to sustain the powers of the system, but also as modifying the influence of opium, diminishing its poisonous and increasing its therapeutic action.

Affections of the brain and spinal cord, connected with acute cardiac diseases. The dependence of certain affections of the brain and spinal cord on acute disease of the heart, now very generally admitted, has been farther illustrated in the Lumleian lectures of Dr. G. Burrows.‡ From various sources he has collected sixteen cases: 1, some having all the usual symptoms of inflammation of the brain and its membranes; 2, cases simulating mania and dementia; 3, others characterized by apoplectic and epileptic symptoms; 4, another class with well-marked symptoms of tetanus and trismus; and five others, presenting symptoms of aggravated hysteria and chorea. It has been supposed that such cases are only met with in connexion with rheumatism, and especially when pericarditis is ingrafted on articular rheumatism; but of the cases collected by Dr. Burrows no rheumatic affection could be discovered in six. In the twelve fatal cases no trace of disease could be detected, in either the brain or its membranes, a fact opposed to the supposition that metastasis is the cause of the symptoms. Dr. Burrows coincides with Dr. Bright's opinion, that the nervous symptoms are of the same character as those produced by irritation of the gums.

Chorea. A case of chorea, occurring in a girl æt. 16, is related by M. Trouseau,§ the fatal termination of which will not surprise British practitioners. The girl had had two previous attacks, which are said to have ceded to the use of strychnia. The disease, however, returned after a fright, and in an

* Lancet, vol. ii, 1842-3, p. 12. Vide also 1bld. p. 897, for further remarks on the action of Belladonna.

† American Journal of Medical Sciences, Jan. 1844.

‡ Medical Gazette, May 26, 1843.

§ Bulletin. Gén. de Thérap. t. xxv, p. 226.

aggravated form, the symptoms being very severe, and attended by violent convulsive movements of the trunk, and opisthotonos. Strychnia was again tried, and persevered with for four days, but failed to afford any relief. Morphia was then tried, but the symptoms became more and more aggravated and terrible, till the third day, when death occurred. The brain and spinal cord were carefully examined, but nothing whatever abnormal was detected. [Purgatives seem never to have been mentioned, or thought of.] M. Rougier,* however, details ten cases, in children, successfully treated by strychnia. In all, the disease was at first exasperated. In the majority, tetanic convulsions occurred, sometimes of a very alarming character, but always allayed by drinking a glass of cold water! To be successful, M. Rougier thinks the remedy must, in the first instance, either produce tetanic symptoms, or sensibly augment the involuntary movements.

In anæmic cases, after exhibiting purgatives and iron† Dr. Hildreth gives full doses of sulphate of quinine. Cases presenting indications of cerebral determination and congestion, are considered unfit for this treatment. Dr. H. also strongly recommends the *cimicifuga racemosa*, in doses of 3j—3ij of the saturated tincture, or a strong decoction with spices and brandy. Four cases of a convulsive disease allied to chorea have been recorded in the American Journals, under the name of "*salaam convulsion*." One occurred in the person of a boy æt. 6, and is detailed by Dr. Ezra P. Bennett.‡ In January 1842, the lad had a slight attack, marked by sudden convulsive action of the right leg and thigh, followed by temporary loss of motion. A month afterwards the disease returned in a severer form, presenting the following characters: "The leg and arm of the right side were in a state of tonic spasm, the left leg and arm in constant motion of flexion and extension, and his head in violent motion backwards and forwards, as far as it could possibly go." The spasms were violent, lasted from two to three minutes, were productive of severe pain, and left him paralysed. He was perfectly conscious. Purgatives, blisters, the warm bath, and cordials were of no benefit. Two grains of opium every two hours produced some alleviation and some sleep. Strychnine in doses of $\frac{1}{20}$ gr. augmented the spasms to such a degree as to endanger the boy's life. Two large blisters along the spine, at first augmented, but subsequently relieved the spasms. The little girl, æt. 7, whose case Dr. Barton§ records, was seized every few hours with spasmodic jerking of the extremities forwards, and a bowing of the head, with instantaneous relaxation, repeated at intervals of a few seconds, and accompanied with a quick expiration and noise, such as would be produced by a blow on the epigastrium. She was cured by purgatives. This peculiar nodding motion of the head has given the name of "*salaam convulsion*" to the disease.

Catalepsy. Thirteen years' standing. Professor Huss, of Stockholm,|| states that a woman, æt. 30, at the age of 12 was suddenly deprived of consciousness, to which succeeded loss of speech and hemiplegia of the right side, lasting a year. She then recovered, and menstruated at 17; after which she became subject to attacks, during which "she became stiff as a poker," preserving the position in which the attacks found her. They began with palpitations and tinnitus aurium, the eyelids being spasmodically closed; but when opened, the pupils were dilated; the limbs were extended, and to the patient felt stiff, though easily bent by the observers, but retained the position in which they were placed; the neck was bent back, the face red, but the features unaltered; the carotids beat strongly. After some minutes she heaved several deep inspirations, and gradually recovered. Consciousness was retained during the attacks, but she could neither hear, nor speak, nor feel when touched. She recovered by treatment directed to restore the catamenial functions and the use of the

* Journal de Méd. de Lyons, July 1843.

† American Journal of Med. Sciences, Jan. 1843.

‡ American Journal of Med. Sciences, April 1843.

§ Ibid. Jan. 1843.

|| Gazette Méd. de Paris, Feb. 4, 1844.

sesquic. ferri. The catalepsy was unassociated with any exstastic or other peculiar psychological phenomena, and was manifestly connected with the uterine derangement.

Hydrophobia. M. Dupuy* has related to the French Academy the history of a case, where a person bitten by a mad dog escaped hydrophobia by having the wound freely canterized. At the same meeting it was stated that at Martinique, 18 individuals were bitten by mad dogs during one year; that 17 of these had their wounds freely cauterized, and did not afterwards suffer; but that the 18th, who did not submit to this operation, was seized with hydrophobia. M. Lerou, of Dijon, has also announced, as the result of his experience, that in that town, all who have been bitten by mad dogs and had their wounds freely cauterized, have escaped, whilst all those who were not so treated have fallen victims to hydrophobia. M. Robert,† who distinguishes between hydrophobia and true rabies, thinks the latter (often accompanied by the former) is never cured. He has detailed minutely the post-mortem appearances of a fatal case, occurring to a girl æt. 12. These exhibit nothing unusual, except that the blood was extremely pale and not coagulated, and the inferior two thirds of the spinal cord much softened.

M. Allier, recollecting the power of compression of the carotids in cases of epilepsy, compressed both arteries in a case of hydrophobia, just as a paroxysm of convulsions was coming on, which immediately ceased, and the patient fell into a kind of syncope. Not being allowed to persevere with his plan, the patient died.‡

Tetanus. A case of idiopathie tetanus, occurring suddenly on the decline of an attack of simple inflammatory fever, is recorded by Dr. A. Robert, of Chaumont.§ The patient recovered after copious bleedings, purgatives, blisters, antispasmodics, and opiates. [It seems questionable whether idiopathic tetanus is a correct designation for such a case.] Dr. Purefoy|| relates a case of trismus supervening on the extraction of a molar tooth, and cured by bleeding, tobacco enemata, and calomel and opium; and Dr. Hutchinson, of Nottingham, two cases of tetanus cured by belladonna, a trial of which he recommends in hydrophobia.**

Tic douloureux. Dr. Hunt's†† treatise contains much practical information on the varieties and treatment of the douloureux and other neuralgic disorders, the result of considerable observation of those affections in the warm and humid climate of the south of Devon. He arranges the various forms of tic douloureux according to the causes from which it springs: 1, arising from the neuralgic habit; 2, from dyspepsia; 3, from dyspepsia complicated with congestion of the liver and other viscera; 4, from anæmia; 5, morbid action in the spine; 6, disorder of the uterus; 7, disease of the brain; 8, local mechanical causes; 9, malaria, recession of eruptions, and other causes. His treatment is directed, in the first instance, to the removal of that morbid condition which appears to stand in the relation of an exciting cause, and of course varies in each case. He proposes no new mode of treatment, but points out the indications, and gives excellent rules for the administration of well-known remedies, more especially of arsenic, in which he places great confidence as a tonic. He finds it of most efficacy in those of a lax fibre, languid circulation, cold and moist skin, and whose urine is pale and plentiful.

M. Banneix‡‡ lays stress on the existence of one or more spots, painful on pressure, along the course of the affected nerve, as important to the diagnosis

* Med. Gazette, Jan. 19, 1844; from Journal de Pharm. † Gazette des Hôpitaux, Nov. 1, 1842.

† Gazette des Hôpitaux, Nov. 1, 1842. [This plan of compressing the carotids to arrest convulsive actions was recommended and adopted by Dr. Parry in hysteria.]

§ Archives Gén. de Médecine, Sept. 1843, p. 92.

|| Dublin Medical Press, Sept. 6, 1843.

** Lancet, May 25, 1844.

†† The Nature and Treatment of Tic Douloureux, &c., by H. Hunt, M.D.; London, 1844.

‡‡ Bulletin Gén. de Thérap. t. xxv, p. 17.

of neuralgia, and after reviewing the principal modes of treatment, concludes by recommending repeated blisters over the different painful spots, as ascertained by pressure; and as an adjuvant, the application of the salts of morphia to the denuded surface. He thinks the connexion between neuralgia and morbid states of the digestive organs has been overrated. Dr. Hutchinson recommends the internal and external use of belladonna;* and Dr. Dangerfield has related two cases confirmatory of Dr. H.'s views.†

Dr. Roelants of Rotterdam,‡ during six years has obtained the most successful results from *nux vomica* in the treatment of prosopalgia; 29 cases are detailed, both recent and confirmed, of whom 25 were cured, 3 were under treatment, and 1 was but partially treated. The curative action is speedily manifested, and the duration of the affection appears to have no influence in this respect, very chronic cases being much relieved in eight days. In one case of seven years' standing, in a man æt. 61, two thirds of a grain of powdered *nux vomica* were given every two hours, followed by great relief in eight days, and a complete cure after two months' treatment. For five months longer (i. e. after the disappearance of all pain,) he continued to take three grains per diem to prevent a relapse, which after three years had not occurred. The importance of continuing the treatment for some time is particularly insisted on. This man had taken iron largely without effect. M. Rougier of Lyons§ employs morphia in the treatment of neuralgia, by the endermic method, and then exhibits strychnine internally to remove the partial paralysis that sometimes ensues, and to confirm the cure. If the strychnine reproduce or increase the pain, it is a sign that the neuralgia is not effectively cured, and vice versa.

Sciatica. Dr. Fioravante|| was led to employ blisters to the heels in the treatment of sciatica, from hearing of several empirical cures performed by a woman who applied irritating substances (*ranunculus sceleratus*,) to the same parts. The epidermis was softened, and then removed, till the blisters would produce their ordinary effects. The suppuration thus established was kept up for some time in chronic cases. Twelve cases are mentioned which were speedily cured by this means. [A memoir was published about ten years ago by Dr. Petrini of Aguila, a town of the Abruzzi, to make known a method of treating sciatica by the application of the actual cautery between the little toe and the next one of the affected limb. Quadri of Naples has obtained great success, by adopting the same treatment, and states that a Capuchin monk, affected with sciatica, used to carry about with him a cauterising iron.]

6. DISEASES OF THE URINARY ORGANS AND SKIN.

Dr. Barlow** has collected a valuable series of cases illustrative of the diagnosis of disease of the kidney, in which he points out the value of irritability of the stomach as a distinguishing symptom between diseases of the kidneys, accompanied with irritation, and affections of other structures in the neighbourhood. The paper also contains much information elucidatory of the peculiar cerebral affections depending on the non-depuration of the blood by the kidney.

Albuminuria, Causes of. M. Foureault's†† valuable investigations into the effects of suppression of the cutaneous secretion, have shown that albuminuria can be thus readily induced. He supposes that this effect is produced by the excess of lactic acid which is then found in the blood, and which reacts on the albumen. The introduction of lactate of soda into the veins also produces albuminuria, by favouring the excess of lactic acid in the blood. When the acid secretion of the skin is suddenly checked, it produces a marked change in the organic elements of the blood; and when gradually suppressed, a number

* *Lancet*, vol. 1, 1843-4.

† *Ibid.* Oct. 7, 1843.

‡ *Arch. Gén. de Méd.* Sept. 1843; from *Alg. Konst. Letterbode*. No. 10, 1843.

§ *Gaz. Méd. de Paris*, July 8, 1843; from *Journal de Méd. de Lyons*.

|| *Annali Universali di Medicina*, Nov. 1843.

** *Guy's Hospital Reports*, vol. vii.

†† *Comptes Rendus*, May 5, 1844.

of chronic diseases are produced, among which are albuminuria, scrofula, lepra, &c. &c. He admits, however, that albuminuria may also, though rarely, originate in a primary affection of the kidneys. Dr. Meyer of Tübingen,* concludes from his researches, that albuminuria may be produced by an accumulation of blood in the kidneys, (without any organic alteration of their structure) either from augmented arterial supply, or stagnation in the veins. In this way he accounts for albuminous urine in diseases of the heart and lungs; and his conclusions are deduced from five experiments on animals, in some interrupting the flow of venous blood, and in others tying the aorta below the origin of the renal arteries; in all of which cases the urine became albuminous.

— *Pathology and Treatment of.* Dr. G. O. Rees,† assuming that most observers are now agreed that the blood-corpuscle consists of a membranous sac inclosing colouring matter, has directed attention to the extreme tenuity of the blood in certain stages of the morbus Brightii; and shown how this condition constitutes the true cause of the deficient proportion of hematosine observed in the later periods, inasmuch as it must interrupt those endosmotic changes occurring between the contents of the corpuscle and the chyle, when each fluid possesses its ordinary specific gravity. The increased quantity of water circulating in the early stages, he considers to be caused by the discharge of albumen by the kidneys. The iron which colours the contents of the corpuscles he believes to be communicated by the *aqueous extractive* of the chyle which passes into the corpuscle by endosmosis; and this process being interrupted by the abnormal tenuity of the blood, the red corpuscles are diminished. In a subsequent paper,‡ after pointing out the analogy in the pathology of various forms of anemia, to morbus Brightii, he recommends in the early stages the same plan of treatment that is found beneficial in chlorosis and anemia from loss of blood, viz. chalybeate tonics, saline purgatives, and nutritious diet, which though not immediately calculated to remove the condition of kidney known to exist, he has found efficacious in preserving the normal state of the blood, and thus assisting in recovery. He condemns any attempt to relieve the nephritic congestion by depletion, but recommends counter-irritation and dry cupping. Numerous instances have been recorded of granular degeneration of the kidney, even in an advanced stage, unattended with albuminous urine; and of persistent albuminous urine independent of any structural disease of the kidney.§

An instructive series of cases illustrative of albuminuria, arranged so as to exhibit the influence of particular remedies or plans of treatment, has been published by Drs. Bright and Barlow.|| Dr. Alken** has found hydriodate of potash and iodine ointment useful; and Dr. Gutbrod†† having observed in the Vienna hospital great benefit from iodine, tried the ioduret of iron in two well-marked cases in the advanced stage, and with the best results. M. Monneret obtained great improvement in one case from tinct. cantharidis, in doses increased up to 60 drops; and in another case, from the use of vapour baths.‡‡

Diseases of the Skin. In his Treatise on Diseases of the Skin, Mr. E. Wilson§§ has adopted a natural system of classification, based on the anatomy and physiology of the skin, and given full information on all that is new and important connected with recent investigations in this department of medical

* Archiv für Physiolog. Heilk. Jan. 1844.

† Guy's Hospital Reports, April 1843.

‡ Medical Gazette, Aug. 16, 1844.

§ See the following among others: Edinburgh Med. and Surg. Journal, April 1844; Wells's Report of Malta Hospital; Dublin Journal of Med. Science, Jan. 1843, and clinical lectures by Dr. Graves; Oesterreich. Med. Wochen. Nov. 26 and Dec. 3, 1842.

|| Guy's Hospital Reports, 2d series, No. 1.

** Oesterreich. Med. Wochens. Jan. 28, 1843.

†† Gaz. des Hôpitaux, Sept. 7, 1843; from Correspond. Blatt des Wurtemberg. &c.

‡‡ Gazette des Hôpitaux, Oct. 13, 1842.

§§ A Practical and Theoretical Treatise, &c. by Erasmus Wilson, 1844, 8vo.

science. Searlatina, rubeola, variola, varicella, and vaccinia, are classed together, under the head of inflammations of the dermis and mucous membrane, characterized by constitutional symptoms of a specific kind. [That there is a general resemblance between these diseases, in many important particulars, is admitted; but few, perhaps, will be disposed to agree with Mr. Wilson, that the contagious virus from which they originate and spread, is in all of them identical. Whatever view may be taken of the relation between variola and its kindred diseases, varicella and vaccinia, far more satisfactory proofs than any Mr. W. has given, are required to establish the identity of the virus generating smallpox, measles, and scarlet fever.]

Dr. Vciel,* superintendent of the Cronstadt hospital for diseases of the skin, has arranged these diseases into two classes: eruptions of the blood (blutflechten), and eruptions of the skin (hautflechten). The first are but symptomatic of internal derangements of the system, of some dyscrasis of the blood; the second are idiopathic diseases of some of the elementary tissues of the skin. These two classes, he maintains, are alike distinguishable by their causes, phenomena, consequences, and treatment. Excess of albumen gives rise to eczema; excess of fibrine to impetigo, and of the aqueous part of the blood to chronic urticaria, lichen, &c. The 'Nouvelle Dermatologie' of M. Beaume contains the exposition of a system founded on the etiology of cutaneous diseases.†

Elephantiasis Græcorum is endemic in Norway, and Dr. Danielsen states‡ it to be so prevalent that, of a population of 200,000, 1200 are lepers. He represents it as not contagious, but hereditary; especially the tubercular form, which has been seen in the newly-born infant. It is inevitably fatal. It occurs in two forms: *el. tuberculosa*, and *el. anæsthetica*. When not transmitted, the conditions favouring its evolution are damp and dirty clothes, small ill-ventilated houses, thick fogs, indifferent food, and the other accompaniments of poverty. Mr. Trompes§ has ascertained that, throughout the Sardinian dominions there are about 100 lepers, and that the disease is undoubtedly contagious after it has reached the stage of suppuration. M. Benet, formerly physician to the King of Lahore, attributes the disease chiefly to the eating of pork and salt fish. Like other writers, he considers the preparations of arsenic the best remedies, and especially recommends an Indian formula, viz. 105 grains of white arsenic triturated for four days with 6 times as much black pepper, of which pills of the size of the seeds of "tares," are given night and morning.|| Mr. Skene, of the 52d foot, has described the disease as seen in New Brunswick,** where the first case occurred in 1817. He ascribes it to a special virus of unknown origin, but spreading by hereditary transmission and contagion.†† Dr. Boyle, however, of St. John's, denies that there is any evidence of the disease having been transmitted by contagion.

M. Gruby has described certain cryptogamic plants, to the formation of which he attributes the origin and spread of *porrigo decalvans* and *porrigo scutulata*. In *porrigo decalvans*, the parasite appears in the form of chaplets of sporules (rarely branched,) which surround the hair as with a sheath, for several lines beyond its exit from the skin. The hair first becomes gray, then brittle, and so falls off in pieces. In *porrigo scutulata* the sporules fill the roots and shafts of the hair, become surrounded with articulated filaments that extend up the interior of the hair, which thus becomes filled, is rendered brittle, and breaks off. The sporules in this instance are evolved in the piliferous follicles, whilst in *porrigo decalvans* they are generated on the hair after it has left the surface of the skin.‡‡ Dr. Wigan recommends the application of Beaufoy's concentrated acetic acid

* Medicinisches Correspondenz Blatt, (in Gaz. Méd. de Paris, 15 April 1843.)

† Nouvelle Dermatologie, &c. par P. Beaume, Paris, 1842, 2 vols. 8vo.

‡ Comptes Rendus, April 1, 1844.

§ Annales de Thérapeutique, Nov. 1843.

|| Rapport fait par M. F. Le Gros, sur un travail de M. Benet; Gaz. des Hôpitaux, Dec. 24, 1842.

** Lond. Med. Gazette, June 14, 1844.

†† Ibid. late date.

‡‡ Séance de l'Acad. des Sciences, Aug. 14, 1843, and Comptes Rendus, April 1, 1844.

for three or four minutes to the scalp, previously shorn, as an unfailing remedy, and also as a sure method for detecting the disease in parts apparently sound; * and Dr. Furnival verifies Dr. Wigan's statements.†

M. Emery‡ has given some practical observations on *sycosis menti* and its treatment, which he thinks should be strictly antiphlogistic. He confines himself to the application of emollient cataplasms and alkaline lotions, and condemns the use of stimulating ointments. M. Duchene Dupare advises that the pustules of sycosis and of acne should be painted night and morning with a concentrated solution of sulphuret of potash; and M. Dauvergne, after commencing with poultices, vapour douches, and antiphlogistic diet, &c., recommends the local application of a solution of sulphate of iron.§ In the course of some practical remarks on the use of arsenic in cutaneous diseases, Mr. Erichsen|| states that it should be given only to persons of a debilitated, relaxed habit, free from any symptoms of gastric irritation, when the disease is in an indolent, passive state, and especially when local stimuli produce no permanent irritation.

7. DISEASES OF UNCERTAIN SEAT, &c.

Gout and Rheumatism. Dr. Bence Jones's treatise,** in which he endeavours to apply the physiological and chemical doctrines of Liebig to the elucidation of the pathology and therapeutics of gravel, calculus, and gout, has already been noticed in this Journal. Dr. Todd,†† though admitting the humoral origin of gout and rheumatism, denies that lithic acid is the materies morbi in gout, which must, he thinks, be looked for as a compound derived from the unhealthy action of the stomach and duodenum, and which being taken into the blood, unites with elements of bile that have accumulated there, through defective secretory action of the liver. The copious deposits of lithic acid often observed in the urine for weeks or months without the occurrence of gout, he thinks sufficiently prove that lithic acid cannot be the materies morbi, and in like manner he infers, from the non-existence of lithic acid in excess, in the urine in certain cases of gout, "that the morbid element of the disease may be present independently of lithic acid;" and he particularly insists that low, depressed states of the system are favorable to the development of the gouty paroxysm. Rheumatism he believes to consist in the presence of the same morbid element (lactic acid) in the blood, and calls attention to the important fact that the rheumatic diathesis may exist without presenting the usual phenomena of rheumatism, and that in this condition the heart may become seriously affected. The cardiac inflammation may in fact be primary, and when co-existing with the articular affection, is not usually to be viewed as the result of metastasis. He devotes a chapter to the connexion between rheumatism and uterine derangement, and adduces important reasons for believing that the accumulation of rheumatic matter in the blood may be the result of defective uric action.

M. Briquet having employed with advantage sulphate of quinine in the treatment of typhoid fever, has had recourse to it in acute rheumatism. In his memoir, read to the French Academy,‡‡ he has detailed 23 cases treated in the following heroic manner: On the first day, 4, 5, or 6 grammes (5j to ʒiiss.) of the sulph. quinae (according to the age, &c. of the patient) were given, suspended in mucilage, in divided doses in the course of twelve hours. The same doses were repeated on the second and third days, when the symptoms had usually abated, and the doses were gradually diminished by grs. xv. per diem. The average duration of the pain and swelling of the joints was from three to five days. In more than one third there was cardiac complication,

* Medical Gazette, Sept. 15, 1843.

† Idem, vol. i, 1843-4, p. 16.

‡ Bull. Gén. de Thérap. t. xxv, p. 170.

§ Idem, t. xxiv, 15 et 30 April, 1843.

|| Med. Gaz. May 5, 12, & 19, 1843. ** On Gravel, Calculus, &c. by H. Bence Jones, M.B.; Lond. 1842.

† Croonian Lectures, by R. B. Todd, M.D. 8vo, 1843.

‡‡ Séance, Oct. 15, 1842; Gazette des Hôpitaux, Nov. 17.

recent or chronic. In all but four there was a marked abatement of the symptoms in twenty-four hours. The date of the affection did not influence the cure. Relapses occurred in two only. M. Devergie, in testing Briquet's statements,* began with smaller doses, and gradually increased them, and made trial of the same remedy in chronic cases. He confirms Briquet's views, except that in acute cases he would give smaller doses than in the chronic. Other examples of the efficacy of Briquet's plan may be found scattered through the French journals, and Signor Mascheroni treated 40 cases in the Lodi hospital† with the best results, two or three only presenting any cardiac affection. The general result, however, of the investigations to which Briquet's memoir has led, is decidedly opposed to both the safety and utility of his plan. Several fatal cases have occurred in the French hospitals,‡ from these heroic doses. The conflicting opinions in reference to the toxic effects of large doses of quinine induced M. Melier to investigate the whole subject afresh, and Messrs. Andral, Beguin, &c. have reported on the memoir presented by Melier to the French Academy.§ His experiments sufficiently prove the poisonous effects on dogs, of large doses, viz. gr. 15 and upwards. The blood was always found fluid, and the brain, lungs, and gastroenteric mucous membrane congested. The symptoms in men and dogs are similar, viz. intoxication, disturbance of the senses, diarrhœa, hæmaturia, amaurosis, deafness, (very frequent,) aphonia, delirium, coma, epileptiform convulsions, and death. [These statements correspond with those of Giacomini, as the result of his experiments; 'Annali Univers. di Medicina,' March, 1841.] Melier shows that the utility of moderate doses of quinine in certain forms of rheumatism had been long ago pointed out by other physicians, e. g. Morton, Leroy, &c., and the reporters refer to Haygarth's clinical researches, who obtained the best results from doses of gr. 10 and upwards of *bark* every four hours. Dr. Popham's observations on this subject|| induce him to believe that bark is most useful in the fibrous form of rheumatism, and after the more acute symptoms have been combated by antiphlogistic means. If cardiac symptoms are present, the bark should be deferred till these are overcome. Periodicity of the symptoms, whether produced by the treatment or peculiar to the attack, calls for bark, and especially when profuse colliquative acid sweats are present, and the pulse small and feeble. Dr. J. J. Furnival** contends that acute rheumatism consists essentially in an acid state of the blood, and that the best treatment consists of the use of alkalies and antiphlogistics, since adopting which, he has never met with a single example of cardiac complication. The treatment of rheumatism by large doses of nitre has also attracted much attention. M. Martin Solon†† appears to have been led to this mode of treatment by the observations of Broeklesby, Macbride, and others, and by the consideration of the contro-stimulant, temperant qualities of the salt. Since 1840 he has thus treated 33 cases of severe acute rheumatism, demanding active means, of which 20 were cured from the second to the seventh day of treatment. Nitre, he states, is easily tolerated by rheumatic patients in doses of from 3v to 3xv, in the 24 hours, if given in large quantities of diluent drinks. It is in acute cases only that it is useful, and its sole apparent effects are diminution of the heat of the skin and of the frequency of the pulse. It prevents the occurrence of endocarditis, and shortens the period of convalescence; but in complicated cases does not supersede the necessity for bloodletting. M. Monneret,‡‡ however, in an instructive memoir on the comparative effects of treatment by colchicum, nitre, and bloodletting, states that the influence of nitre on the progress of eight severe cases appeared absolutely null. Neither the heat of

* Gazette Médicale, Dec. 30, 1842.

† Gazette Medica di Milano, Feb. 1843.

‡ L'Examineur Médicale, t. iii, No. 16; and Gaz. des Hôp. 11 April, 1843.

§ Bulletin de l'Acad. Roy. de Méd. 31 May and 15 June, 1843.

|| Dublin Medical Journal, Sept. 1844.

** Lancet, June 1, 1844.

†† Bull. de l'Acad. Roy. &c. t. ix, p. 130. See also, for further observations on the nitre treatment, Allgem. Med. Cent. Zeitung, 25 Mar. 1843, par Dr. C. F. Bartels.

‡‡ Arch. Gén. de Méd. March 1844, p. 269.

skin nor quickness of pulse was in the least affected. Professor Forget,* on the contrary, contends that nitre in large doses is a remedy of real efficacy in certain cases, and that in doses of from 8 to 45 drachms, given with diluents, it is rarely productive of any ill consequences. M. Requin's experiments† are strongly corroborative of the efficacy of Dr. Corrigan's treatment by opium, but do not justify the abandonment of depletion.

Diabetes mellitus. Dr. Perey's essays‡ contain the results of some inquiries, very ably conducted, into the changes which starch and wheaten flour undergo in the healthy stomach—the situations in which grape-sugar is found in diabetes—what part of the system it is formed, and what are the particular conditions attending its formation. He believes the kidneys merely eliminate the sugar from the system, that the disease may exist independently of any structural change, and that sugar is certainly formed in the stomach in diabetes. Dr. Watts§ considers the proximate cause of the disease to reside in the stomach, which in the first stage is in a state of inflammation, during which lactic acid is secreted, and lactic acid and lithate of ammonia are present in the urine; in the latter stage the stomach is in a state of atony, and sugar and lactic acid abound in the blood and all the secretions. Four or five bodies of diabetic patients, examined by Dr. Watson,|| presented no evidence of the usual connexion with serofula.

Several examples of reputed cures of diabetes are recorded. One by Mr. Hodges of Downpatrick,** in which the exciting causes appear to have been loss of blood, and a diet consisting almost exclusively of potatoes and other vegetables. The treatment consisted of the use of ammonia and nitrogenised food, according to Dr. Barlow's plan. A second by Dr. Gennaro Festeggiano,†† in which the treatment consisted of drinks containing a small quantity of ipecaeuana, and acidulated with hydrochloric acid. The symptoms abated in eight days, and the patient was cured in a month. A third, by M. Combette,‡‡ in which the rapidity of the cure was equally remarkable. The patient, a man æt. 40, under Mr. Rostan's care, had been treated for a month, without benefit, by an exclusively animal diet and vinous lemonade. M. Combette put him again on animal diet, with a very little bread, and prescribed a pill, containing 25 centigrammes of iodide of iron four times a day. Four days after, the urine was very considerably diminished, and from that time he continued rapidly to improve. A fourth case is related by Dr. Cowan,§§ in which animal food, with the cruciferous vegetables and muriated tinct. of iron were the principal remedies. This case remarkably illustrated the injurious influence of bread as an article of diet, which also was remarked in an unsuccessful case detailed by Dr. Theoph. Thompson.|||| A fifth case is reported by Dr. Grayson to have been cured by the tinctures of cinchona, valerian, and lytta, animal food, with lime water and a little wine for drink.*** MM. Mialhe have detailed a case of 18 months' standing cured by bicarbonate of soda and hydrated calcined magnesia, flannel clothing, and vapour-baths.

Purpura febrilis, fatal in 28 hours. M. Hummel†† has related a case with this title, occurring to an athletic man who had enjoyed good health till two days after a debauch, when he came into the Vienna hospital with symptoms of gastric fever. He then presented symptoms of cerebral congestion, complained of thirst and nausea, and had much abdominal tension. The tongue was loaded; the pulse full, hard, and frequent. Diarrhœa which had been present, had ceased. On the following day, the whole surface of the body, with the exception of the face, was covered by an erythematous eruption, intermixed over the abdomen with purple patches. The respiration was anxious and hurried; the epigastric region tense and painful; the pulse frequent and

* Bull. Gén. de Thérap. t. xxv, p. 5.

† Bull. de l'Acad. Oct. 1843.

‡ Medical Gazette, 1842-3-4.

§ Lancet, vol. ii, 1842-3, p. 65.

|| Clinical Lecture, reported in Provincial Medical and Surgical Journal, Nov. 5, 1842.

** Medical Gazette, July 7, 1843.

†† Gazette des Hôpitaux, Oct. 20, 1842.

‡‡ H observatore Medico, Feb. 1842.

§§ Provincial Medical and Surgical Journal, June 17, 1843.

|||| Ibid. No. 149.

*** New York Journal of Medicine, May 1844, p. 369.

†† Oesterreich. Med. Woch. 1843, No. 16.

full; and the diarrhœa had returned. Infusion of ipecacuanha with Haller's acid elixir was ordered. In the evening there was much febrile exacerbation, with constant jactitation, and the erythema was replaced by a petechial eruption, the patches of which were largest and most numerous over the abdomen, whence they rapidly extended, and assumed a violet colour. The skin was hot, dry, and pungent to the touch. The following day the face was swollen "and ferocious," and the conjunctivæ of a ruby red, from suffused blood. The tongue, gums, and fauces were white as though they had been pencilled with nitrate of silver; the breath was burning, and there was intense thirst, anxious respiration, epigastric and abdominal tension, diarrhœa, pale turbid urine, with much mucous sediment, and the purpura had extended to the knees and neck. On the chest the sebaceous follicles were prominent, and their contents readily oozed out on pressure. The following day these symptoms were present in a still more aggravated form, and there was cough with sanguineous expectoration; extreme oppression, and general insensibility came on, and the patient died in 28 hours from the first appearance of the petechiæ. The mucous and serous membranes were throughout covered with ecchymoses, and the cellular tissue infiltrated with bloody serum, which also was effused into the pleural and pericardial sacs. The lungs and liver were largely infiltrated with blood; the spleen was voluminous but firm, and of a brownish red colour. The intestinal follicles were tumefied. The thick, dark-coloured blood which existed in the vena portæ was, on analysis, found to be deficient in fibrine and salts. [Was this merely a malignant form of fever, and does the condition of the intestinal follicles support this view? Or, was it an example of the petechial smallpox described by Moreton, Sydenham, and Heberden?] A very similar case is described by Mr. Adams,* as probably arising from the variolous contagion to which the patient had been exposed some weeks previously. There was no appearance of vesicles, pustules, or papulæ; the eruption was nowhere elevated above the surface. There were also bloody discharges from the bowels and bloody urine. Five days, from the commencement of the attack, elapsed before death took place. Three cases detailed by Dr. Wotherspoon,† bear also a close analogy to the above. They occurred in the New York hospital in three successive winters, and are described as "a rare form of exanthematous disease." They all occurred in strong healthy men in the prime of life, and in all, the symptoms and pathological appearances were very similar. The prodromi were those of a severe febrile attack, and the succeeding phenomena bore the closest resemblance to those above detailed in Dr. Hummel's case, with the exception that there were ecchymoses observed about the pharynx during life, and numerous minute vesicles on the surface filled with bloody serum, and hemorrhagic discharges from all the outlets of the body. Slight delirium preceded death, which occurred on the fourth or fifth day. The blood had the appearance of a dark cherry red watery fluid, and contained merely a few thin friable black coagula. From the character of the premonitory symptoms, and of the eruption, as well as from the variolous fetor exhaled, and the strong resemblance which the cases bore to the peculiar forms of variola described by the older writers, the author is disposed to refer these cases to variola.

Mr. Stainthorpe reports a case of purpura hæmorrhagica occurring in a stout healthy-looking child, æt. 4, and attended with febrile symptoms, in which acetate of lead and opium with wine appear to have been very useful.‡ Mr. Whitwell§ has treated three cases successfully with creosote, [but it may be questioned whether in these instances, occurring in persons almost starving, the cure was not rather attributable to the improved diet.]

Dr. W. Samson Himmelstiern,|| has described an epidemic of *scorbutus* which prevailed in Russia, in the spring and summer of 1840. Mr. Dalton refers to Dr. Baly's communication (Medical Gazette, February 10) on the antiscorbutic

* Medical Gazette, Jan. 17, 1845.

† New York Journ. of Med. Science, March 1844, p. 203

‡ Med. Gaz. Oct. 14, 1842.

§ Lancet, Feb. 11, 1843.

|| Hæser's Archiv, v. 4, in Schmidt's Jahrbucher, 1844, No. 8, p. 193.

virtues of the potato, which he confirms by his own observation on board ship, on various occasions.*

Climacteric disease. Dr. H. Kennedy† justly observes that nothing has been added to this subject since the original paper of Sir H. Halford, throughout which Dr. Kennedy thinks an erroneous idea prevails, viz. that the affection occurs only in the aged. "At least," he says, "I may state with certainty that an affection which agrees in every respect with climacteric disease is by no means unfrequently met with in individuals between 20 and 30 years of age." His chief object is to direct attention to this point. He alludes to the fact that the various pains which very commonly usher in the attack are in a marked degree periodic. Weakness of the knees is a common symptom, not always connected with or dependent on exercise, but coming on at a particular time, even when the patient is at rest. The disease often sets in with acute symptoms, which are apt to lead astray, particularly when referrible to the head. Loss of sleep is the most constant symptom, and loss of flesh and a marked change in the countenance are also very constant phenomena; but he disagrees with Sir Henry Halford regarding the acceleration of the pulse; having seen cases in which, from first to last, the pulse was not in the least quickened. Partial paralysis (imperfect i. e.) is common. He disagrees with Sir Henry Halford in reference to the renal secretion, which Dr. Kennedy has found diminished, and often depositing the lithates throughout the illness. Men suffer more during the progress of the disease from derangement of the digestive system and brain, and women from symptoms referrible to the lungs or heart. The *average* duration of the complaint is about nine months. In regard to diagnosis, there is danger of confounding many cases at first with local organic disease. Most cases do well, though many are fatal in advanced life. The nervous system is mainly implicated. In opposition to Sir Henry Halford, he thinks the effects of the disease are often entirely shaken off. As it cannot be cut short, too much should not be attempted. Medicines are apt to act *peculiarly*; quinine is one of the most useful. Change of air is not desirable early in the disease. If any indiscretion in diet be committed, it is often followed by an aggravation of symptoms, after 48 rather than 24 hours. Medical treatment is of more avail in the latter half of the illness. [This paper certainly adds many important particulars to Sir Henry Halford's account. The disposition to periodic action, and the calmness of the pulse in some cases, the reporter can confirm from his own observation.] The history of his own case, given by Sir Alexander Crichton, under the denomination of "interrupted circulation," and in which the Bath waters on two occasions were found useful, may perhaps be referred to this head.‡

Mollities ossium. Mr. Solly§ has recorded two cases of this somewhat rare disease, both occurring to females, one aged 29 and the other 39. The former died in a state of mental derangement, the membranes and substance of the brain having become implicated in the active disease, which had, for some time, been going on in the bones of the cranium. The immediate cause of death in the latter case was suffocation from contracted thorax. From a comparison of the symptoms during life with the appearances after death, Mr. Solly believes that the disease is of an inflammatory character. The earthy matter of the bones is, he thinks, absorbed and thrown out of the system by the kidneys. The excretion of earthy matter was in one instance so abundant as to have clogged up the calices and pelves of the kidneys, and formed a solid calculus. This excretion of phosphate of lime the author considers not to have been previously established, the chemical constitution of the earthy deposits observed in the urine not having been ascertained. The place of the earthy matter in the bones is supplied by the red grumous matter which abounds in them, and which he believes to be a morbid product, the result of active disease.

* Lancet, vol. i, 1842-3, p. 895.

† Dublin Journal of Medical Science, May 1844; Observations on Climacteric Disease, with Cases by H. Kennedy, M.D. &c.

‡ Lond. Med. Gazette, Dec. 1, 1843.

§ Two Cases of Mollities Ossium, read before the Med.-Chir. Society, June 18, 1844.

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